FOR STATE TO DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hot. Wer death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fut. If director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burill-transit permit. File pages 1 and 2 with the State Board of Health, m its designated agent, prior in Lurial, cremation, or removed, and in any event within 72 hours after death. TO DEPUT VS. A15ME 5M 7/59

S.

M 10e do

13.

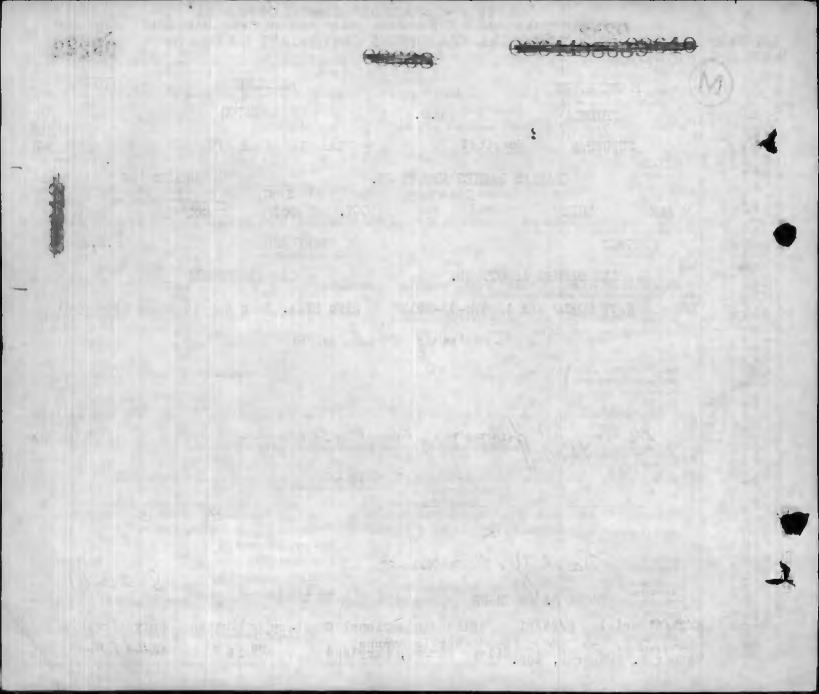
15. (Ye YF

MEDICAL CERTIFICATION

22e

23. JUNERAL DIRECTOR
Raymond
Varter E. Pun

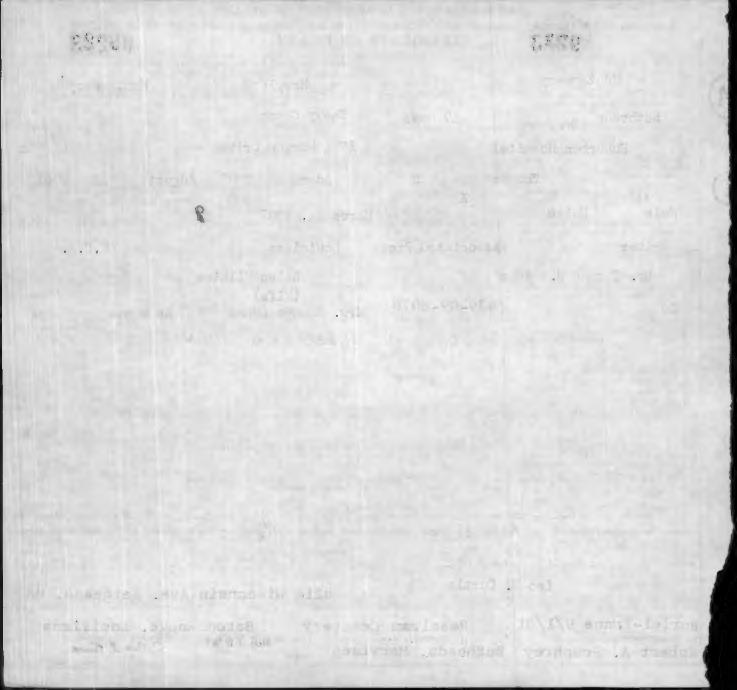
	DEPARTMENT OF HEALTH			
MEDICAL EXAMINER	S CERTIFICATE OF DEATH 1299			
PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission			
a. COUNTY	B. STATE B. COUNTY			
MARYLAND b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN the	PIRITERNO			
write RURAL and give nearest lown)				
BETHESDA D.O.A	WHEATON			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a, IS RESIDENCE ON A FARM			
SUBURBAN Hospital	2322 BLUERIDGE AVE			
NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer			
(Type or print) CHARLES BARNES ABBOTT JR	A STATE OF THE STA			
SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED				
ALE WHITE WIDOWED DIVORCED	OCT 24 1887 9. AGE (In yeers If UNDER 1 YEAR IF UNDER 24 HRS			
. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	COI. WIT TOWN			
ne during most of working life, even if retired)				
RETTRISD FATHER'S NAME	MARYLAND U.S.A			
CHAPTER DARWER ADDAME OF				
CHARLES BARNES ABBOTT SR. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	CARRIE RUSSELL INFORMANT Address			
s, no, or unkown) (If yes give we ror detes of service)				
NAVY WORLD WAR 1 578-03-8912 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), [additional contents of the contents of	Wife Eliz. Jane Abbott (Same as above)			
DART I DEATH WAS CALISED BY. ONSET AND DEATH				
IMMEDIATE CAUSE (e) Cornary oc	Elision . Buddle			
9201 DUE TO				
Conditions, if any, which (b)				
gave rise to immediate cause (a), slating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS			
the Ton I down on her	t deserve YES NO			
208. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 18.)			
PRIMARY OF CONTRIBUTING TO				
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State)			
Hour a.m. While Not While	sclory, street, office bldg., etc.)			
p.m. 19 al work - et work -				
21. I certify that I took charge of the remains described above, h				
death resulted from: Natural causes . Accident . Sui	icide, Homicide, Undetermined manner			
4 1 2 1	CHIEF MEDICAL EXAMINER			
SIGNATURE Grand V/ Drowhaut	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED			
EXAMINER'S	DEPUTY MEDICAL EXAMINER \$ 8, 20-61			
BURIAL, CREMATION 228. DATE THEREOF CHAPTE. NAME OF CEMETERY C	Address (Charact after facion on accounts)			
REMOVAL (Specify)				
EXXIBURIAL 8/23/61 Arlington Nati	Lonal Cemetery Arlington County Virginia			
SUNERAL DIRECTOR A. ZISKA 8434 GOODRESS A AVER	Tue 161 Orl 9 4			
rner E. Pumphrey, Inc. Street Spring, he	I DATE			



MARYLAND STATE DEPARTMENT OF HEALTH

9233 CERTIFICATE OF DEATH US223

1. PLACE OF DEATH o. COUNTY Mont Toronto					
Mont				ved, If Institution, Reside	nce bafora admission)
Montgomery	MARYLAND	a. STATE		COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		Montgo	nearast town)
Bethesda	17 days	Chevy Chas	e	23 /2	
d, NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Suburban Hospital		4704 Morgan	Drive		YES NO
B. NAME OF First DECEASED	Middla	Last	4. DATE OF DEATH	Month Day	
Inollias	S	Adams	.H	ugust 2	8 19 61
S. SEX 6. COLOR OR RACE 7. MARRI Male White WIDOW	ED DIVORCED M	arch 24. 190	lest bir	yrs.	Hours Min.
IOe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign o	ountry) 12. CITIZEN	OF WHAT COUNTRY?
Writer As	sociated Press	Louisiane	NAME	U	.S.A.
Dr. Thomas S. Adams		Hele	n Wilkins		
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	VFORMANT .		Address	
(Yas, no, or unkown) (Hyesgivewarordatasofsarvica)	29-09-8079	(Wif	e)		
NO 4.		Mrs. Amanda	Adams	As above	ITERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		1.1-1	. 1 11.	0	NSET AND DEATH
IMMEDIATE CAUSE (e)	YOCARDIAL	INFARCTIO	IN, ACI	ITE	12 day
DUE TO			,		/
Conditions, if any, which (b)					
gave risa to immadiate cause					
(a), slating the undarlying DUE TO					
cause last. (c)			Director continue		10 WAS ALIVORSY
cause last. (c)	NTRIBUTING TO DEATH BUT NOT	FRELATED TO THE TERMIN	HAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
cause last. (c)	NTRIBUTING TO DEATH BUT NOT				PERFORMED?
cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CO 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED. INJURY OCCURED 20e. PLAC facto		Pert I or Pert II of Itam	18.)	PERFORMED?
Cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	SCRIBE HOW INJURY OCCURED. INJURY OCCURRED 20e. PLACE factor factor at work factor	(Enlar natura of injury in EE OF INJURY (Homa, farn ry, street, office bldg., atc	Pert t or Pert It of Stam	(County)	PERFORMED? YES NO (Stata)
cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 el atter 21. 1 certify that (I) (this hospital) atter	SCRIBE HOW INJURY OCCURED. INJURY OCCURRED 20e. PLACE factor factor at work factor	(Enlar natura of injury in E OF INJURY (Homa, farm ry, street, office bldg., atc	Pert t or Pert It of item 201. (City or town 19 61, toAU	(County)	YES NO (Stata) that (I) (we) last date stated above.
Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 el atter 21. 1 certify that (I) (this hospital) atter	SCRIBE HOW INJURY OCCURED. INJURY OCCURED 20e. PLACE factor at work at work at work.	(Enlar natura of injury in E OF INJURY (Homa, farm ry, street, office bldg., atc.) death occured at 50 pHys.	Pert t or Pert It of item 201. (City or town 19 61, toAU	(County) (County) (County) (County)	PERFORMED? YES NO (Stata) (Stata)
cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 el wo 21. 1 certify that (l) (this hospital) atter saw the deceased alive on	INJURY OCCURRED 200. PLACE factor fac	(Enlar natura of injury in CE OF INJURY (Homa, farm ry, street, office bidg., atc.) death occured at 5. ATTENDING PHYS. 22d. ADDRESS	Peri I or Peri II of itam 201. (City or fown 19.0., toAU 3.4., from the c AED. STAF IRECTOR PHYS	(County) (County) (County) (County) (County) (County) (County)	PERFORMED? YES NO (Stata) that (I) (we) last date stated above. 22b. DATE SIGNED 8-28-61
cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 el wo 21. 1 certify that (I) (this hospital) atter saw the deceased alive on	INJURY OCCURRED 200. PLACE factor fac	(Enlar natura of injury in CE OF INJURY (Homa, fern ry, street, office bidg., atc.) death occured at 5. ATTENDING PHYS. 22d. ADDRESS 8218 W:	Peri I or Peri II of itam 201. (City or fown 19.0., toAU 3.4., from the c AED. STAF IRECTOR PHYS	(County) (County) (County) (County)	PERFORMED? YES NO (Stata) that (I) (we) last date stated above. 22b. DATE SIGNED 8-28-61
20a. ACCIDENT WAS UNDERLYING 20b. DE: OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 White of words are the deceased alive on	INJURY OCCURRED 200. PLACE factor work at work at work and that work	(Enlar natura of injury in Inc. CE OF INJURY (Homa, fern ry, street, office bidg., atc. Centre of the bidge o	201. (City or town 19.01. toA.U. A.M. from the construction Physics Sconsin 23d. Location (Baton B	(County) (County) (County) (County) Ave. Beth (City, town or county)	PERFORMED? YES NO (Stata) that (I) (we) last date stated above. 22b. DATE SIGNED 8-72-61 25da Md. (Stata)
Cause last. PART II, OTHER SIGNIFICANT CONDITIONS CO 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF (NJURY Month, Day, Year Hour a.m. p.m. 19 et wo 21. 1 certify that (I) (this hospital) after saw the deceased alive on	INJURY OCCURRED 200. PLACE factor at work at work and that work. And that writs	death occured at 5. ATTENDING PHYS. 22d. ADDRESS 8218 W OR CREMATORY 25a. REC	201. (City or town 19 of, toA.U AM, from the c AED. STAF IRECTOR PHYS 23d. LOCATION (Baton F	(County) (County) (County) (County) (County) Ave. Beth	PERFORMED? YES NO (Stata) that (I) (we) last date stated above. 22b. DATE SIGNED 8-28-61 Stata)



LAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 9234 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission COUNTY Hince George by the Montgomeru MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 OWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF DATE DECEASED OF (Type or print) DEATH August IF UNDER 24 HRS. 5. SEX AGE (In Years | IF UNDER 1 YEAR RACE 7. MARRIED NEVER MARRIED Hours Months WIDOWED physician 10e. USUAL OCCUPATION (Giva kind of work TOb. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) armer 13. FATHER'S NAME please attending India Marlowe ARMED OR CEST go, or unkawn) (If yet give wer or detes of service) Hger Koad the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (a), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO certificate 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20m. PLACE OF INJURY (Homa, ferm, ' 20t. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. al work at work CTOR: and that death occurred at Allaha from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 220 SUSNATURE ATTENDING SIGNED PHYS. PHYS. DIRECTOR M.D. death. Pagers O FUNERAL 22d. ADDRESS director, post be filled v 23e, BURIAL, CREMATION, 1 23b 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) EMOVAL (Specify) 0 PUNELAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

15.00 - -Krawobstrow (W) Tringe George boul (mod) 54 minutes Hyattouille Takema Park Washington Siniturium's House 2024 Powlaston Road Raymond Morlewe Ager - August & Go December 3/8/6 74 Male white Washington, D.C. 4.5/A Famer India Marlowe Charles B. Ager March 1 - with I themen Ager-6100 Ager Kood, Ma when the property will be to Company Reduced Street ... The state of the s The way the man was to be and the second of the safe and was the state of t

TO HOSPITAL OR . INDING PHYSICIAN: The law requires that the death control are be executed within 24 hours after a death. Partial may be refusited by the hospital or attending physician.

YO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, med in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

15M 9/60

05

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
9235
CERTIFICATE OF DEATH
13225

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution e. STATE b. COUNTY		
Montgomery Maryland	Maryland Mc	ntgomery	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL a	ind give neerest town	
Bethesda 63 Days	X Olney		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE	
The Clinical Center	P. O. Box 15	YES - NO	
3. NAME OF First Middle	Lest 4. DATE Month	Day Yee	
(Type or print) BUSH (none)	AINSWORTH OF DEATH Amount 30	10 🛵	
	B. DATE OF BIRTH 9. AGE (In years IF UNDE		
	last birthdey) Months		
Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	February 21, 1897 64 yrs. IRY II. BIRTHPLACE (County & Stete, or foreign country) 12. C	TIZEN OF WHAT COUNTRY?	
done during most of working life, even if retired)			
Farmer-Carpenter Farming-Carpentry		USA	
13. PATHEK'S NAME	14. MOTHER'S MAIDEN NAME		
James M. Ainsworth	Margaret E. Wiley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITINO 17. (Yes, no, or unknown) (Ifyesgive werordetesofservice)	INFORMANT The Medical Record		
ve sewill Not exactable T	he Clinical Center, Bethesda 14	. Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),]		INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Disseminated Hist	oplasmosis	onset and death	
DUE TO	•		
Conditions, if any, which \ (b)			
gave rise to immediate cause			
(a), stelling the underlying DUETO			
(0)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PT 1/2) 19 WAS AUTOPSY	
9	A	PERFORMED?	
3 1. Staphylococcal Septicemia 2. Pulm		YES NO U	
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Pert II of item 18.)	,	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (City, street, office bldg., etc.)	ounty) (State)	
P.m. 19 el work at work			
21. I certify that (I) (this hospital) attended the deceased from	June 28, 1961, 10 August 30.1	9. 61 that (I) (we) last	
saw the deceased alive on August 30, 1961, and tha	at death occurred at 12:20 from the causes and on	the date stated above.	
226. SIGNATURE		22b. DATE	
William To Suttle M.D. PHYS. DIRECTOR & PHYS. 8/30/61 SIG			
22c. PHYSICIAN'S	22d. ADDRESS The Clinical Center,	1 - 1	
NAME (Type) William T. Butler, M.D.			
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	Institutes of Health, Bethe	nty) (Stete)	
REMOVAL (Specify)	_		
	250. REC'D BY REGISTRAR 25b. REGISTRAR		
	27.5		
France H. Garber Laytonsville,	Md. DATE PEP 5 161 Grilling	5. Malto	

Dr My Co. CL - ORGING L Wishington . evel 5 Mary ICO elstarlands. 45 xb. .0 .4 The District Contest 7.K = A Company A Company (amount) orin elsi Recentary 24, 1027 th shifted ground-that thought-but Termina Line 1 and The Ladden Record dylonati. . Same Candel order of the Manual C. Education all beautiful and the control of the cont dune 20, si alignet 30, 61 20 (00 and 00) The Civical Venter, metocal distance, edited, i.e. Langiantes of desiring recipeses in, it. Basel States - on a utility and a re-Server Committee Little St. 188 M. Committee

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
9236
CERTIFICATE OF DEATH
09226

1. PLACE OF DEATH o. COUNTY	11 7	2. USUAL RESIDENCE		d, If institution, Reside	ence before admission)
Montgomery	MARYLAND	14 7			Como wir
	GTH OF STAY IN 16	c. CITY OR TOWN (II	and outside corporete limits,	write RURAL end giv	d neerest (6wn)
Bethesda 1	6 hrs.	Silve	er Spring		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	e street eddress)	d. STREET ADDRESS	7 0		e. IS RESIDENCE ON A FARM?
Suburban Hospital			ilmoure Dri		YES NO X
3. NAME OF First DECEASED [Type or print]	Middle	Lest	4. DATE A OF DEATH	lonth De	
SALLE LEE	ALLI		Au	gust 10	
5. SEX 6. COLOR OR RACE 7. MARRIED NE		DATE OF BIRTH	last birthd	eers IF UNDER 1 YEA	_
Female White WIDOWED	DIVORCED	June 1, 188			
done during most of working life, even if retired)		11. BIRTHPLACE (Count	y & Stete, or foreign cou		OF WHAT COUNTRY?
Retired Cigar Rolling Machi	ne Operator	Virginia MOTHER'S MAIDEN I	NAME	U.S	S.A
Nathaniel Thomas Allman		Annie Wre	enn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	SECURITY NO. 17. IN			dress E	Beth, Md.
No 223-10-	-1224 (Well	lford Harris	on) nephew-		
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]			11	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	in and	hal in	Carelani	-	TO A ALLA AL
11000	- Comment	Source of the	or bobben		- home
Conditions, if eny, which	nam Ze	hampso	us		10 11
geve rise to immediate cause	1		1	Ps.	
(e), stating the underlying DUE TO	war the	Herocelo	enesis		5 wan
	IG TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART I(a)	WAS AUTOPSY
NIO NIO					PERFORMED?
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HO	OW INJURY OCCURED. (E	Enter nature of injury in P	ert I or Part II of Item 18		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 2Db. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	THE RESIDENCE OF THE PARTY OF T	Enter Herdie of Hillary III)	en i or i or i or i or i or i or		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY C		OF INJURY (Home, ferm		(County)	(State)
	While tactory	r, street, office bldg., atc.			
21. I certify that (I) (this hospital) attended the	deceased from	gang	196/ 10/06	196/	that (I) (wa) last
saw the deceased alive on 10 ang 1	1961, and that d	eath occured at Z.	.M, from the cau	ses and on the	
22a. SIGNATURE	4		ED. STAFF		226. DATE SIGNED
22c. PHYSICIAN'S	, M.D.	PHYS. 22d. ADDRESS	RECTOR PHYS.	10	way 61
NAME (Type) Seruch T. Kimble		927 Perch	ing friel	elver Spre	ing, mod.
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. N REMOVAL (Specify)	NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City	, town or county)	(Stete)
Burial Aug. 14, 1961 Par	cklawn Cemet		Montgomer	County,	Maryland
24 WARACKEE'S PONTHREY, INC., SILVE	R"SPRING, MD	-	D BY REGISTRAR 256.		ATURE
1 raymond a. Ziska		DATE	A D B	Balling &	

Jara un particula BY HALL I SHITL . of MARL II in Charles in L. T. Salvanes in one that we many expensions are represented to the second of the second minte trup and the (本事を付ける (本事を何期

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whata deceased lived, if institutions Residence before adm. ssiop)
Montgomery Maryland	a STATE MANAGEMENT D.C. b. COUNTY WOODCOOK
b CITY OR TOWN (Joulsida corporate I m Is, a LENGTH OF STAY IN 16	c CTY OR TOWN (If outside corporata I mits, write RURAL and give nearest town)
write RURAL and give peerest town! Wheaton Md	2916 Northhamption St. N. W.
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d STREET ADDRESS
Wheaton Nursing Home	Washington, D. C. ON A FARM?
3. NAME OF First Middle	Lest 4. DATE Month Dey Year
(Type or print) Sadie	Alster August 28 1961
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
Female white widowed K D. VORCED	Feb 15/1886 lest birthdey) Months Deys Hours Mr.
10a. USJAL OCCUPAT ON (G ve kind of work done during most of working life, even if retired)	RY 11 BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY?
Housewife -	Russia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Trothky , Russia	Rose Trotsky Russia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	
(Yes, no, or unkown) (If yes give we rordetes of service) 558-3(-324) A	arl J. Alster (see 2c & 2d)
18. CAUSE OF DEATH [Enter only one cause per I he for (e), (b., and c).]	arl J. Alster (see 2c & 2d)
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (+)	-T 1102
DUE TO	
Conditions, if eny, which (b)	_
(e), sleting the underlying DUE TO	
ceuse last.	We do not see that the second
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH WITH THER. NOTIFY MEDICAL EXAMINER!	D (Enter neture of injury in Pert I or Pert II of (tem 1B.)
Q 1	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.]
Hour a.m. While Not While twork at work	i i i i i i i i i i i i i i i i i i i
21. I certify that (I) (this hospital) attended the deceased from	MAN 196, to AUG 28, 1961, tha (1) (we) last
acce to	it death occured at
22e SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
Semen Helstran	M.D. PHYS. PHYS.
22c. PHYSICIAN'S NAME (Type) BERNARD 11 OSTROLO	22d. ADDRESS CACTORAL TILE CC MIN
NAME (Type) BERNARD H. OSTROW	8107 EASTERN AVE SS MA
23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (C ty, town or county) (State)
Burial 8/30/61 Binai Abrahar	n - Zion Cem. Chicago, Ill.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The edica Trund Here 4217-9-12.	as Zee DATE AUG 2 9'61 Outline 8 4

IO DEPULA SELECKL EXAMINER. This certificate should be executed within 24 hours often death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the func. "director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR.

1 0 th No.

VS. A15ME 5M 9/60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY m. STATE **b.** COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest town) write RURAL and give nearest lown] d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FRIRM? 3. NAME STIBURBAN YES NO First Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH RAKER q B. DATE OF BIRTH 9. AGE (In yours | IF UNDER I YEAR | 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday] Months Hours WIDOWED ! DIVORCED 106. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHER 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired B. Technical Arch. Labor Dept. 14. MOTHER ROCKY Lie, Md. U.S.A-Grace Newman 15. WAS DECTARD EVEN D.S. ARRESTOR CEST 16. SOCIAL SECURITY NO. | 17. INFORMANT Addres (Yes, no, or unknown) I (If yes give wer produtes of service) 15. CAUSE OF DEATH [ther only one cause per line for (e), (b), and (c).] (Same as ADDY BONEN Brother Rudolph Baker PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO gave rise to Immediate cause DUE TO (a), stelling the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES C NO F 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED + 20a. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy inspection . Inquiry and in my opinion death resulted from: Natural causes Accident . Suicide [Undetermined manner Homicide CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 8-9-61 EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 225. DATE THEREOF Brochort Address OF CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Arlington, Va. Arlington National. 23. FUNERAL DIRECTO **ADDRESS** 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Rockville, Mi. DATE AUS 1 4 '61 arthur & Kraus

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LAND STATE DEPARTMENT OF HEALTH

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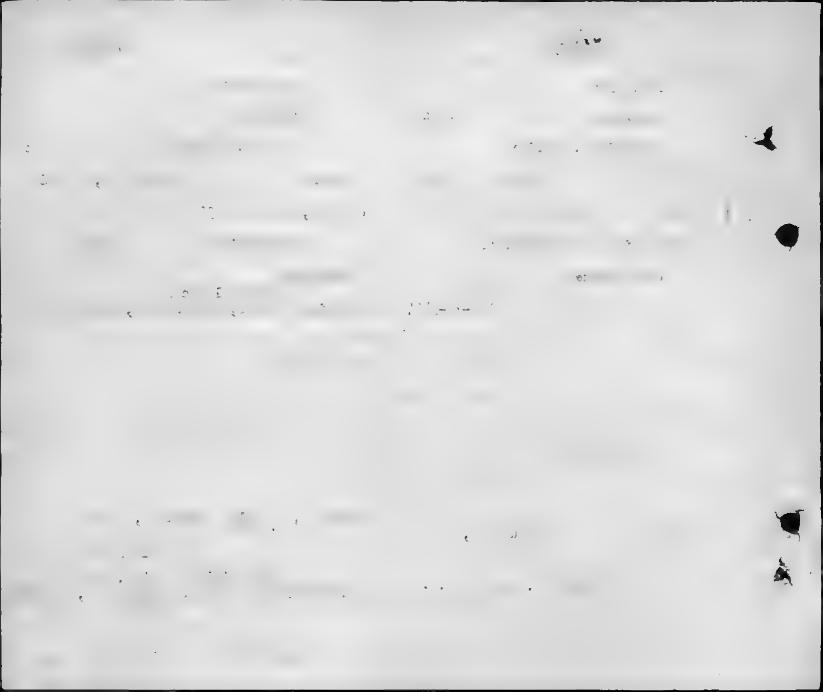
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Pennsylvania

c CITY OR TOWN (if outs de corporele lim ts, write RURAL end give neerest town) . IS RESIDENCE ON A FARM? YES NO 19 63 August 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) | Months 17. C TIZEN OF WHAT COUNTRY? The Medical Record The Clinical Center, Bethesda la, Maryland INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.), 19. WAS AUTOPSY PERFORMED? YES A NO 1 (Stete) (County) 21. I certify that (I) (this hospital) attended the deceased from August ... 19.61 to. August ... 19.63, that (I) (we) last saw the deceased alive on. August .11, 19....61 and that death occured a 2.05 P.Mrom the causes and on the date stated above. 22b. DATE SIGNED DIRECTOR PHYS. The Climical Center, National of Health. Bethesda lh. Maryland 23d. LOCATION (City, town or county)

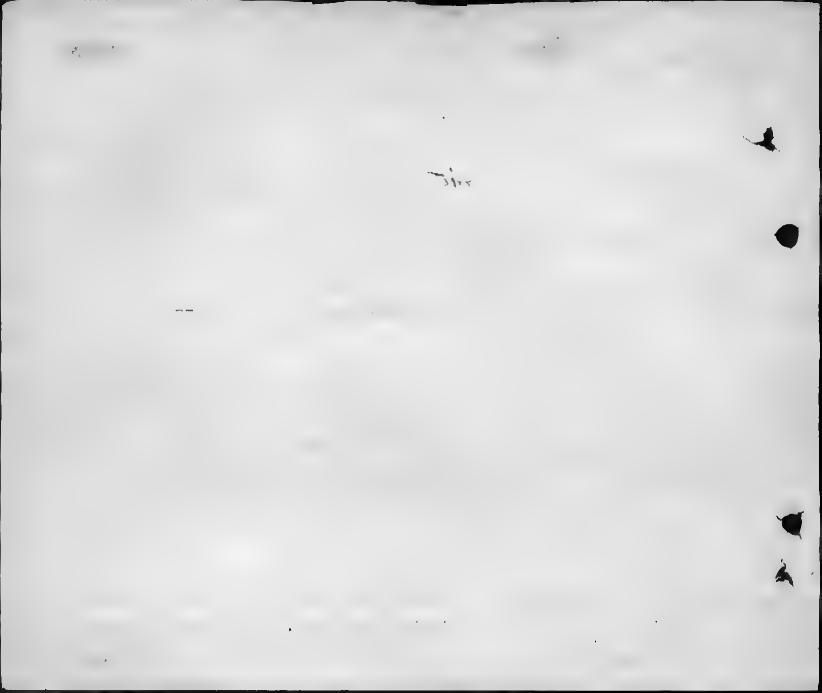
MARYLAND STATE DEPARTMENT OF HEALTH

YR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9241 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before edmission) a. COUNTY CAL BE MIET MARYLAND lon/demer e. City OR TOWN (If outs de corporate limits, wr ta RURAL and que nearest lown) b. CITY OR TOWN (It outs do corporate lim Is, write RURAL and give neeres) town) c. LENGTH OF STAY IN 16 Š zrind d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) a. IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO DO 3. NAME OF DECEASED OF (Type or print) DEATH 19 6 / 5. SEX 9. AGE (In yeers AF UNDER I YEAR IF UNDER 24 HRS. COLOR OR RACE 8. DATE OF BRIH lest birthdey) Monthal Deys WIDOWED DX 10s. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Attorne Then please 13. FATHER'S NAME MOTHER'S MAIDEN NAME pue 15. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address TOVal, (Yes, no, or unknown) (If yes give we rordates of service) unobtainab Be cedent the 18. CAUSE OF DEATH [Enter only one cause per line for (e., (b), and (c) INTERVA, BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stelling the undarlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING - 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of intury in Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INSURY OCCURRED , 20a. PLACE OF INJURY (Home, ferm, 20s. (City or town) (County) (Stete) fectory, streat, offica bldg , etc.) While Not While Hour e.m. el work et work D 100 CIOR 21. I certify that (1) (this hospital) attended the deceased from, ALGUST 16 1961, to Fluggest X! 1961, that (I) (we) last saw the deceased alive on AKET 457 2 22a. SIGNATURE 22b. DATE ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. death, Paglid 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION REMOVAL [Specify] Arlington Nat 1 Cem. P Arlington, Virginia ADDRESSWAShington DG. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) AUG 2 2 '61 15M 9/60

LAND STATE DEPARTMENT OF HEALTH



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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1 PLACE OF DEATH O. COUNTY	3. 22.11-	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	ere deceased lived. If in b CO		fore admission)
b CITY OR TOWN (If outside to RURAL and give negres)	prporate limits, write . LENC	OTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, w	rite RURAL and give r	nearest town)
1321	The 30 2 70	tay 5.	X 750 81	ruille		
d. NAME OF HOSPITAL (If not I OR INSTITUTION	n hospitar, give street address)		d STREET ADDRESS	Pulat	Are	e IS RESIDENCE ON A FARM? YES NO
		<u> </u>	1001	1	//	
3. NAME OF DECEASED (Type or print)	ive tal	Middle	Bell	OF DEATH		Day Year ゼ 19 <i>61</i>
S SEX 6 COLO	R OR RACE 7. MARRIED N	NEVER MARRIED	DATE OF BIRTH	9. AGE (In lost birth		AR IF UNDER 24 HRS. Hours Min.
100 USUAL OCCUPATION (Give ki			IRY 11. BIRTHPLACE (Stole	or foreign country)		OF WHAT COUNTRY?
during most of working life ev	en if retired)	udual -	- M-2. N	1 / En 17	/ /	e 5, A
13. FATHER'S NAME	7	VICIAL SIV -	14. MOTHER'S MAIDEN		,	
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15 WAS DECEASED EVER IN U S	ARMED FORCES? 16 SOCIAL S	SECURITY NO 17 IN	FORMANT	21/1	Address	25
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couse (o), stoting the under- lying couse lost						
	, (c)	1944 - 170 -				Tan Lucas Automosy
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	*	Inc. at t		Took		
WEDICAL SOLUTION AND MANUAL SOLUTION AND MANUA	While No	t while for	CE OF INJURY (Home, form ory, street, office bldg, etc.	(City or town)	{Count	y} (Stote)
21 I certify that (I) (the	s haspital) attended_the	deceased from	gan 2, 19	57 to 81	2/ 1961	that (I) (we) last
saw the deceased alive	an 8/2/19	GL, and that d	eath occurred at 7:00	M; fram the cause	es and an the da	
220 SIGNATURE	70-	,	ATTENDING MI	ep staff _	_	22b DATE S GNED
TIC PHYSICIAN'S	n. from	, h	1,D PHYS LL D	RECTOR PHYS	<u> </u>	12/6/
NAME (Pype) STOF	Phex N. Jo	Nes			to an its formation of the total	************
23a BURTAL, CREMATION 235 D	11111 6	AME OF ETMETERY OF	CREMATORY	23d LOCATION, City,	MC-d	(Stote)
24 FUNERAL DIRECTOR SIGNATURE	moule	JORESS Rock	266 7 100 PEC	D BY REGISTRAR 2Sb	REGISTRAR'S SIGNA	TURE
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OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, II institution; Residence before edmission) ONTO OMETA
OR TOWN (if outside corporete mis, MARYLAND TY OR OWN (I outside corporate in its, write RURAL and give naarast lown) c. LENGTH OF STAY IN 16 IS RESIDENCE ON A FARMT YES IT NO IT DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR | IF UNDER 24 HRS. DATE OF BRTH lest birthday) , Months I WIDOWED [DIVORCED [physician 10b. KIND OF BUSINESS OR INDUSTRY 1.12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Salesman Justranco 13. FATHER'S NAME ding | please IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO [Yes, no. or unkown] | [If yes give wer or dates of service] 18. CAUSE OF DEATH [Enter only one cause per I ne for [al. (b), and to MMEDIATE CALSE el DUE TO DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED? NO -206. ACCIDENT WAS UNDERLYING . 206 DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of tem 18). OR CONTRIBUTING . CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f., City or lown) (County) fectory, street, office bldg. etc.) Not While While at work to ... 5 / ... (we) last 21. I certify that (i) (this hospital) attended the deceased from I.S. , and that death occured at 12. M, from the causes and on the date stated above. saw the deceased alive on.. . 226. DATE 22a. SIGNATURE PHY5. 22c. PHYSICIAN'S 22d ADDRESS 12600 PARKLAND DR ROCKVILLE-MD 23s. BURIAL, CREMATION. . 18:1961 KING DAVI) MEMORIAL GARDEIN မီဝ 256 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** 15M 9/60



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VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director, with'n 24 hours ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE filed **b** COUNTY MARYLAND NonTaomerc montgomery unerol b. CITY OR TOWN (if autifide carparate limits) write c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 8 RURAL and give nearest lawn) blubus Un R brok NOR be d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION 15015 Rasscraft 15015 140Secrot ond .5 NAME OF DATE First Middle Month filled Black Poges death. (Type or print) AbEL DEATH Puc IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years MARRIED NEVER MARRIED sast birthday) Months 3000 DIVORCED [8 yrs WIDOWED | ÷0 comple popers 10a USUAL OCCUPATION (Give kind af work dane) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112 CITIZEN OF WHAT COUNTRY? hours during most of working life, even if retired) WAShmaton puo ē housewite R 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physicion Ξ HALLORAN event, with remove WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO 15015 Rosserof TRd Norbick offending pleose ony 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) INOMA the DUE TO à Canditions, if any, which (b) gove rise to immediate per DUE TO cause (a), stating the underlying couse last. **burial-transit** peed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY cremation, ottending 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] ficote OR CONTRIBUTING | CAUSE OF DEATH The e (IF EITHER, NOTIFY MEDICAL EXAMINER) <u>ु</u> MEDICAL ود 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Doy, Year factory, street, affice bldg., etc.) 5 Haur a. m. While Nat while 2 at wark at ot wark A L.G., 19.61, that (1) (we) just 21 Ecertify that (1) (this haspital) attended the deceased from. 19.6. I and that death occurred at PM, from the causes and an the date stated above. saw the deceased alive an by be retain The the FUNERAL DIRECTOR: 22a SIGNATURE ATTENDING PHYS STAFF ö DIRECTOR þe M.D Board 22d ADDRESS 22c. PHYSICIAN'S 3 should NAME (Type 23d BUR AL, CREMATION, 23b. DATE THEREOS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) BIRRYONAL (Specify) he Rock Creek Cemetery Washington D.G. REFERENCE B 8/16/6 0

ADDRESS

Inc. 8434 Georgia Avenue

Silver Spring, Maryland

24 FUNERAL DIRECTOR'S SIGNATURE

Pumphrey.

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

Day

 a. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

YEARS

PERFORMED? YES IN NO P

(County

25b. REGISTRAR'S SIGNATURE

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250 REC'D BY REGISTRAR

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YES NO D

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			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	IS RESIDENCE ON A FARM?
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	Se S			my opinion
			death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .	
	fe the cartification of the ca		CHIEF MEDICAL EXAMINER	
	0.0	1	SIGNATURE Trank J. STORTHANK M. DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINE	SIGNED
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	DEPUT should is PUNE its desi	224	B. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Stole)
	6 g 4 6 9 9		Burial 8/9/61 Trinity Church Cem. Towson, Maryland	
	VS. AISME	23	Dahamt A Dumphyary Pathagda Mawyland	
	5M 9'60		Robert A. Fumphirey Bethesda, Maryland DATAUG 1 U '61 Command S. Trans	



MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside co c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE YES NO 🗹 NAME OF DECEASED DATE First ,Middle Month Day Year OF DEATH (Type or print) 196 una 6. COLOR OR RACE MARRIED (NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours. IFUNDER TYEAR IF UNDER 24 HRS fost birthdoy) Months. Doys Hours Min. WIDOWED [DIVORCED [ON USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages 10 15. WAS DECEASEDIEVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 0 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if ony, which gave rise to immediate couse gup DUE TO (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIGHT 19. WAS AUTOPSY Q PERFORMED? NO C 20g. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of item 18.) should MEDICAL 20d. INJURY OCCURRED [20e. PLACE OF INJURY (Home, form, 120f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not white at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy [7], Inspection . Inquiry ... and find that DIRECTOR: 1 death resulted fram: Natural causes 17. Accident , Suicide . Hamicide . Undetermined cause 5 DATE SIGNED ACTUAL SIGNATURE forwarded FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slale) REMOVAL SPECIE 0 8=7=61 Cedar Hill Cemetery Prince Georges 240. REC'D BY REGISTRAR, 24b. REGISTRAR'S SIGNATURE 8434 Georgia Ave., AUG 9 VS. A15ME(5) WARNER E PUMPHREY. INC. Silver Spring, Md. DATE 5M 9/55

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DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH REET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution; Residence before edmission) e. COUNTY a. STATE b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporele limits, write RURAL and give pearest town) write RURAL and give scarest town) akma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? J. NAME OF YES NO V 4. DATE OP (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 1 9. AGE (In yeers IN UNDER TYEAR IF UNDER 24 HRS. lest birthday) Months Days Hours WIDOWED DIVORCED 0 Lyn. SUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during host of working life, evek it retired) pages 1 Within VI. FATHER'S NAME 14. MOTHER'S MAIDEN NAME • IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO 五 Conditions, if eny, which gave rise to Immediate cause 60 DUE TO (a), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATIO PERFORMED? NO D 9 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. (7) 20c TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f (City or town) (County) (Stelle) fectory, street, office bldg., etc.) While _Not While Hour e.m. et work at work 50g 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion e the forward forward birect death resulted from Natural causes X. Accident Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ease execute Inhould be for FUNERAL 1 ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUT **EXAMINER'S** NAME (Type) Address (Street, city) bwn or county) CHMATION, 40 6 240 REC'D BY REGISTRAR ATSME 5M 9 60 DATE



9948 Fin by the funeral eges 1 and 2 should s after death. be executed within 24 hours after TO HOSPITAL OR AN ADING PHYSICIAN: The law requires that the death certified by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely if director, page 3 should be detached for use as the bur at-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

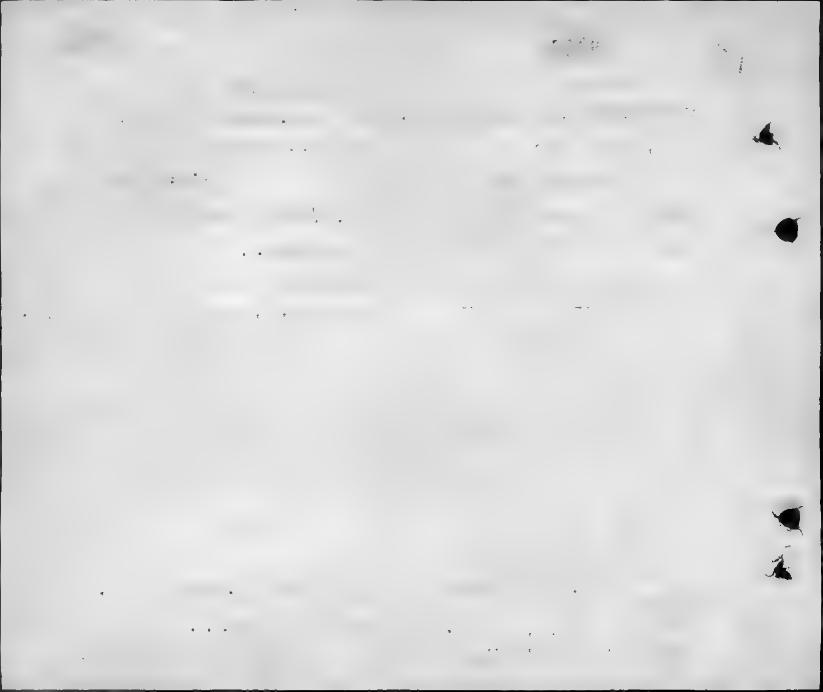
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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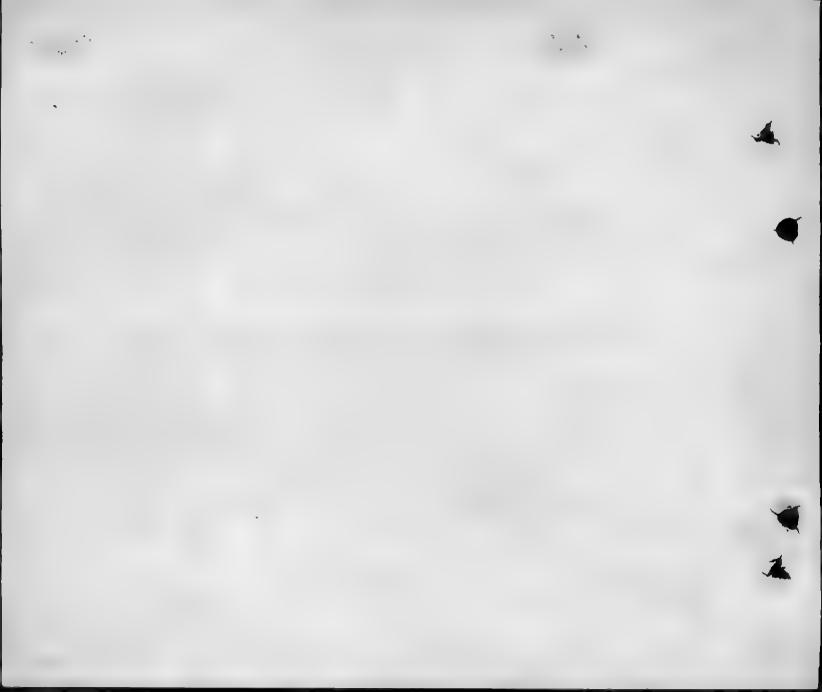
CERTIFICATE OF DEATH

(19238)

- {	9620	
	COLUMN	USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission) 5. STATE 6. COUNTY
1	Manyland b, CITY OR TOWN III outs de corporate 1 m ts, c. LENGTH OF STAY IN 1b	. UI VOR TOWN (If outside corpora e limits, writa RURAL and give nearest town)
	Mark Anno 15 (1961) Mensingten June-Aug. 1961	ELOCODES NEW YORK CITY
J		d. STREET ADDRESS ii. IS RESIDENCE ON A FARM?
Y		200 W. 58th Street YES NO NO
	3 NAME OF First Middle DECEASED	OF Aug 17, 1861 89
	(Type or print) Annie Marie Bowman S SEX 6 COLOR OR RACE 7, MARRIED NEVER MARR ED 3 DAT	E OF B RTH .9 AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS.
	The state of the s	12. 1880 lest birthdey) Months Days Hours Min.
	10e USUAL OCCUPATION (Give kind of work and of work done during most of working life, even if retired)	bk ACE County & Stete, or ordigin country) 12. CITIZEN OF WHAT COUNTRY?
	heusewife retired Own Home	shington D.C. US -
N		
	15. WAS DECEASED EVERTINUS, ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFO: (Yes, no, or unknown) [(Ifyes) ive war or dates of service)	nnie Doyle Bifield Address
		Sugrue, 11,111 Lund Place, Kensington, Md.
	18. CAUSE OF DEATH [Enter on y one ceusa per line for (a), (b), and (c) , PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (+)	- L day
	DUE TO CORRESPOND	thrombosis , wit.
	(a), steting the underlying but to action of the course lost.	eroxis 10-15 yr.
	PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	E Consoline Heart Tailur	YES NO 2
	PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELY Least Teilure 2De. ACCIDENT WAS UNDERLYING L OR CONTRIBUTING LICAUSE OF DEATH OF CONTRIBUTING LICAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER)	r natura of injury in Pert I or Part II of Item 18.)
		INJURY (Home, ferm, 20f. (City or town) (County) (State)
	p.m. 19 st work st work	sime ned tier 17 while we
	21. I certify that (I) (this hospital) attended the deceased from	7 19.3, to 9
	saw the deceased alive on 19 , and that deal	occured at
		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
		22d. ADDRESS 8220 Graph Pd C43
	DI DESILATE AND	8329 Grubb Rd.SilverSpring Md.
	238. BURIAL, CREMATION 238. DATE THEREOF 236. NAME OF CEMETERY OR CE	
	RURIAL AUG. 19, 1961 Mt. Olivet Cemet	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	24 WHENERCER'S PUMPHREY INC., SILVER SPRING, MD.	DATE AUG 21 '61 arthur S. Krone



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institutions Residence before aidmission COUNTY Maryland by the and 2 ontgemer Montgomery MARYLAND b. CITY OR TOWN (foutside corporate limits, E LENGTH OF STAY N 16 c. CITY OR WWN (If outside corporate limits, write RURAL and g ve nearest town) RURAL and give nearest town) ethesda OF HOSPITAL OR INSTITUTION of not in hospital give street address) a. IS RESIDENCE ON A FARM? Daw Son YES NO IA terbital iefely NAME OF DECEASED OF (Type or print) DEATH 196/ 5. SEX DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR F UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) Months Male. WIDOWED [Hugast DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work 1 105. K NO OF BUSINESS OR INDUSTRY IT BIRTHPLACE Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None attending pl 13. FATHER'S NAME .5 pue (Yes, no, or unkown) ((Ifyes give werordeles of sarvice None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stelling the underlying PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY Ф PERFORMEO? 92 200 ACCIDENT WAS UNDERLYING 2 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm. 20f. (City or lown) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 1964, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... X. to. saw the deceased alive on DATE 22a. SIGNATUR SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS HOSPIT NAME (Type) 23c. NAME OF CEMETERY OR CHEMATORY LOCATION (City, fown or county) (State) 236 BURIAL CREMATION | 235 DATE THEREOF REMOVAL (Specify) å jë Q Busin 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S ADDRES6 VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORD PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission) COUNTY b. COUNTY Montgomery MARYLAND D. C. b. CITY OR TOWN (if outs de carparele I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give necrest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Bethesda days Washington d NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address d STREET ADDRESS . IS RESIDENCE ON A FARM? Suburban Hospital YES NO A Albemarle 3. NAME OF M ddle DECEASED OF (Type or print) Charles DEATH August 31 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER TYEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH lest birthdey) and Months. Devs WIDOWED [DIVORCED 10a USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE County & State, or fore gn country) done during most of working life, even if retired) Retired Wash. D.C 5 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Ξ 15. WAS DECEASED EVER IN U.S. ALMED FORCES? , 16. SOCIAL SECURITY NO., 17. INFORMANT HOOPER Address (Yes, no, or unknwn). (If yes give werp release from the Kensington, Md the Daughter Mrs. Lois Baker 4518 Dresden, Stanwell 18. CAUSE OF DEATH [Effer only one couse per line for [a], (b), and [c,.] ONSET AND DEATH 6 mos Myelogenous, a cule IMMEDIATE CAUSE (e) DUE TO Cause Uh Known Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part i or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. [C ty or town) fectory, street, office bldg., etc.) While _Not While at work 195 C to 10 U. 31 .., 1964, that (I) (cro) last 21. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on. . DATE 22e. SIGNATURE ATTENDING STAFE DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d ADDRESS Û 23d. LOCATION (City, lown or appr) 23e. BURNAL, CREMATION 23b. DATE THEREO 0 REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



9251

CERTIFICATE OF DEATH

Rea. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY **a** STATE **b** COUNTY MARYLAND Montgomery Maryland Montgomerv b. CITY OR TOWN (f autside corporate timits, write LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Laytonsville Laytonsville d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Rural Rural YES NO NAME OF 4. DATE Manth Year DECEASED 19 61 August (Type or print) DEATH 9. AGE (in years 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) 63 yrs Oct. 8, 1897 White Female WIDOWED | DIVORCED [7] yrs 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife Pennsylvania USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME XXXXXX Charles Samuel Tudor Minnie Harriger 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Ν̈́ο Unknown Samuel Tudor-Same Item #2 Son CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🐼 20d. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, (20f. (City or town) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at wark at wark 21. I certify that I attended the deceased from that I last saw the deceased M, from the causes and an the date stated above. that death accurred at 7200 ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION | 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY **Taylor Cemetery** Falls Creek Pennsylvania ADDRESS 24g, REC'D BY REGISTRAR 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey Bethesda, Maryland arthur & Kross

director, iled with within 24 haurs after death. Page filed eral ě Ø in by .⊆ Filled completely fdod and pou physician гетоме attending eose ā paubis physician. burnal-transit been has

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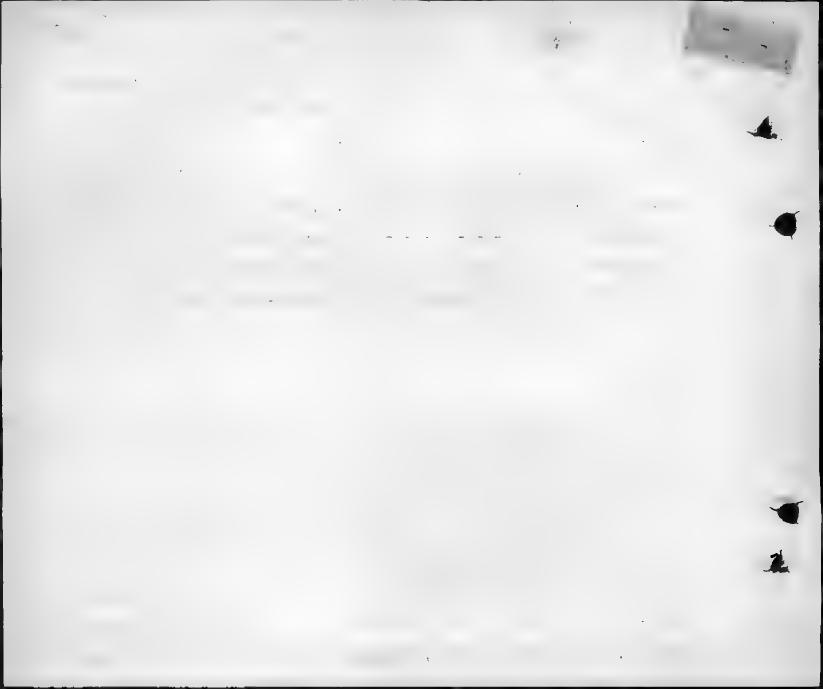
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o FUNERAL DIRECTOR. 0 VS A1S (4)

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3252 CERTIFICATE OF DEATH

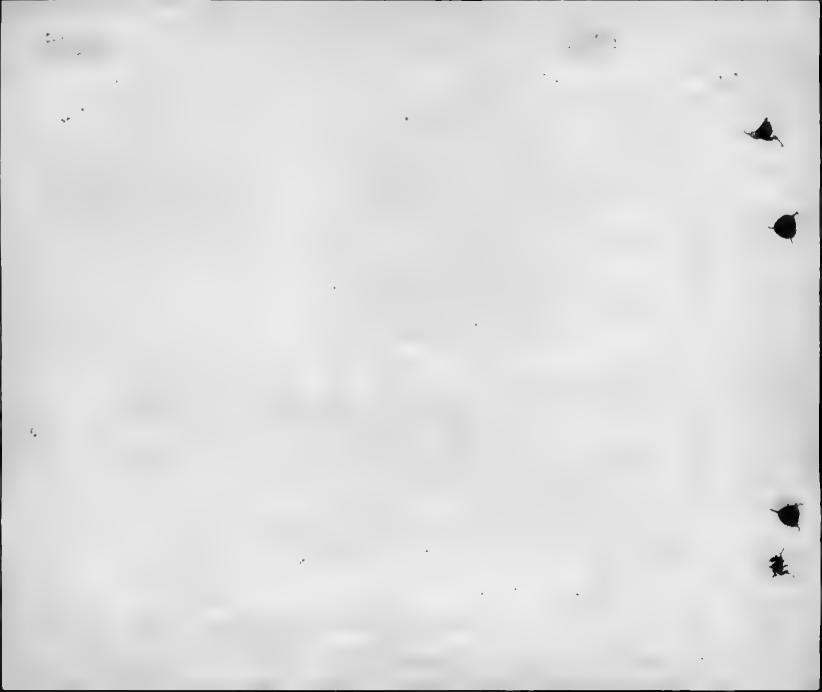
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JAY T	PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased livad, if institution; Rasidence before admission)
ויי	MONTGOMERY MARYLAND	. STATE MARYLAND LARROLL
_/ -	b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	write RURAL and give neerest town) OLNEY 29 MIN.	SYKESVILLE
- 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.va street address)	d. STREET ADDRESS a. 15 RES.DENCE
(1) P	MONTGOMERY GENERAL HOSPITAL	GAITHER ROAD YES TO NO TO
1 3	NAME OF First Middle	Lest 4, DATE Month Day Year
-	(Type or print) BABY BOY "A"	BROWN DEATH AUGUST 18 19 61
[][5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	Aug. 18. 1961 last birthdey) Months Days Hours Miles
1	DB. USUAL OCCUPATION (GIVE KIND OF WORK 100, KIND OF BUS NESS OR INDUST	TRY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
'	NEW BORN	MONTGOMERY Co., MARYLANO UNITED STATES
ī	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HERBERT EUGENE BROWN	MILLIE MARIE HAMILTON
7	5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	Yes, no, or unkown) (If yes give war or detes of service) NONE	FATHER ABOVE
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) end (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	- Co pure vortes
	Continue to Due to Chemake	Les Due Of Ho Luins
	Conditions, if any, which gave rise to immediate cause	
	(a), stelling the underlying DUE TO Della law its	amor in of Moleveuls.
7	COUSE lest. (C) DART IS OTHER SIGN FIGANT CONDITIONS CONTRICTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
NOF	PARTIE OTHER SIGNIFICANT COMMITTEES CONTINUE TO BEATTER	PERFORMED?
2	200, ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURE	D. Enter neture of injury in Part I or Pert II of Hem 18.)
144	OR CONTRIBUTING CAUSE OF DEATH	.p., senter relate of injuly in reast or sent a private rout
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ACC OF INIC BY All and Acc (Carlot Inic)
120	7	"ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) clary, street, office bldg , etc.)
NED.	p.m. 19 at work et work	
	21. I certify that (I) (this hospital) attended the deceased from	
	saw the deceased alive on	at death occured a
	22e, SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		M D PHYS D RECTOR PHYS.
4	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	A. S. OKUTMAN, M. D.	SYKESVILLE, MARYLAND
7	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREALATORY C 23d. LOCATION (Sity, John or county) (Steje)
18	Burial 8-18-61 Pakeview	- Museuf Tall - Syplandel Callella Mo
1 2	A FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND	250. REC'D BY REGISTRAY 25b. REGISTRAR'S SIGNATURE
V.	Duther A. Hallish (Authorit)	DATE AUG 2 3 61 Carling & House
0-	7	Trans



MARYLAND STATE DEPARTMENT OF HEALTH

9253 CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where dacassed lived, If institution, Residence before admission) B. STATE B. COUNTY				
1		MONTGOMERY	MARYLAND	MARYLAND CARR	OLL			
	~	CITY OR TOWN (if outside corporata I m ts, write RURAL and give nearest town)	c. LENGTH OF STAY IN TH	c. CITY OR TOWN (if outside corporate limits, write RURAL and give	va nearast town]			
($\left(egin{array}{c} \egin{array}{c} \egin{array}{c} \egin{array}{c} \egin{array}{c} \egin{array}{c} arr$	OLNEY	30 MIN.	SYKESVILLE	4.			
	1	NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, g va straet address)	d. STREET ADDRESS	I IS RES.DENCE			
	Ho	NTGOMERY GENERAL HOSPITA	\ L	GAITHER ROAD X	YES NO V			
		AME OF First	Middle	Last 4. DATE Month Day Year				
		pa or print) BABY BOY	BII BR	OWN DEATH AUGUST 18	1961			
	5. SE	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED TO 18	DATE OF BIRTH 9. AGE (In yaars .FUNDER 1 YEA				
	M	ALE WHITE WIDOW	ED DIVORCED	AUGUST 18, 1961 last birthday Months Day	s Hours Min.			
	10a. t	SUAL OCCUPATION (Give kind of work 10b.)	AND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Slata, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?			
	Gona	during most of working life, avan if ratirad)	none.	MONTGOMERY Co., MARYLAND L UNI	TED STATES			
	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	120 0171120_			
		HERBERT EUGENE BROWN		MILLIE MARIE HAMILT	ON			
	15. W	AS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT Address	•			
		NO [[fyesgivewarordatasofsarvica]	NONE	FATHER ABOVE				
	70	B. CAUSE OF DEATH [Enter only one cause per	I ne for 'a) (b), and (c .)		MTERVAL BETWEEN			
		PART 1. DEATH WAS CAUSED BY.	Lelechan	-7	ONSET AND DEATH			
		DUE TO	1 1	2 2 2	7			
	c	orditions, if any, which to the	madelist	, one of the Lecence				
	9	ave rise to immediate cause	000/		and a			
		i), stating the underlying	Mydran	union of Delgeneucy.				
			TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION EVEN IN PART 16	19. WAS AUTOPSY			
	FICATION	/			YES NO PR			
	불 -20		SCRIBE HOW INJURY OCCURED	. (Enter nature of in usy in Part I or Part II of Jam 18.)				
	CEXT FOUND	R CONTRIBUTING [CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER),						
	₹ 2	Oc. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 200 PLA	CE OF INJURY Homa farm. 20f. (City or town) (County)	(Stale)			
	MEDICAL	Hour a.m. While o.m. 19 at wo	e Not Whila fact	ory, straet, office bldg , etc.)				
	-	p.m. 19 of world like the partial after	reday the deceased from	8.18 196/ 10 8.18 1961	, that (I) (we) last			
)	El Relim		death occured at 2 M, from the causes and on the				
į		2a S.GNATURE	7 7		22b. DATE			
		Jan C/ Dei	: fon an	ATTENDING MED. STAFF	/18/61 SIGNED			
	2:	ZE. PHYSICIAN'S		22d. ADDRESS				
		NAME (TYPE) A. S. OKUTMAN, A	l. D.	SYKESVILLE, MARYLAND	1,, 72			
		BURIAL, CREMAT ON 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. DOCATION ICAY, town or country	(State)			
Burgar 8-16-61 Stakeview- Miseary Fark Stylesoll yellay								
K	24 FL	HERAL DIRECTOR'S SIGNATURE	ADBRESS)	25a. RASER BY REGISTRAR 25b. REG STRAR'S SIG				
11	Di	ultur of Shilshir	Julioull	Med DATE Circling 2, 10	Craud			
1	47		#					



physician

attending pt Then please r

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DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission) e. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (if outs de corporete l'mits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest (own) Bethesda Bethesda $D_*O_*A_*$ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress d. STREET ADDRESS . IS RESIDENCE ON A FARM? Suburban Hospital 8808 Lowell Street YES NO K 3. NAME OF 4. DATE M ddle DECEASED (Type or print) 196] Paul Jeffrev Buck DEATH August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) Male WIDOWED -DIVORCED [May physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) District of Columbia None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME **ease** attending i Robert Max Buck Margaret Valda Osburn IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 808 Lowell St. (Yas, no, or unkown) | (Ifyasgivawarordatesofsarvice) Robert Max Buck Bethesda, &d. 0 18. CAUSE OF DEATH [finter only one cause per lige for (a , (b), and c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: heart failure IMMEDIATE CAUSE (e) ongental heart disease (Tetralope of 3 months **DUE TO** (b) gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 8 9 PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert Lor Pert II of fem 18.) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20s, PLACE OF INJURY (Home, ferm, 20f, (City or fown, (County) (State) factory, street, office bldg. etc.) : While _Not While Hour e.m. st work et work 21. I certify that (I) (this hospital) attended the deceased from M. 44. / 6 ... 1961, to Que 23 .19.6....., and that death occured at...M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 228. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. death. Page death. Page IO FUNERAL director, page 3 be filed with th 22c PHYSICIAN'S 22d ADDRESS CONN. AVE. WWW. Wash M. Hobart 23e, BURIAL, CREMAT ON, 23b. DATE THEREOF 123d, LOCATION (City, town or county) (State) 238. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cemetery | Frince Georges, Md. buria 25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR **VR A1S (4)** 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, H institution; Residence before edmission PLACE OF DEATH s necessary, vector, Page your files. . COUNTY Health, a. STATE b. COUNTY Montgomery _ b CITY OR TOWN (IT outs de corporete limits, MARYLAND Maryland Montgomery c. C.TY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 6 write RURAL and give neerest town). Wood Acres
6241ME OF HOSPITAL OR INSTITUTION (.i. not in hospital, give street address) Wood Acres 629 TREET ADDRESS . IS RESIDENCE ON A FARM? Massachusetts Avenue, Extended IS No X 2022x Massachusetts Avenue, Extended death. NAMEOF Middle Last 4. DATE Month DECEASED (Type or print) Kenneth Earl Buffin DEATH August 10. 61 19 with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED | 8. DATE OF BIRTH 5. SEX 9. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. B last birthday) Months | Days Male White Hours WIDO WED [DIVORCED [July 10, 1888 10a. USUAL OCCUPATION IG ve kind of work 105, KIND OF BUS, NESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) pages 1 s within 7 ve Pages PM3. Pag Colonel U.S.A. Retired Williamsburg Virginia U.S.A. 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give John Buffin Margaret Smith permit. File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) / (Ifyasqive weror detes of service) Florence A Buffin Massachusetts Aven Office along with buriel-transit permi Avenue. Wood Acres. Maryland WW1. & WW2. 18. CAUSE OF DEATH [Enlar only one cause par I na for (a), (b), and (c),] INTERVAL SETWEEN E ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) Sudden DUE TO Conditions, if env. which (6) gave rise to immediata cause DUE TO (a), stating the undarlying Examiner' 83 cousa last PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20 cremal Medical should be NO K 206. EXTERNAL CAUSE WAS , 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part I, of Item 18., PRIMARY IT OF CONTRIBUTING IT CAUSE OF DEATH. Chief 20c. TIME OF INJURY 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Month, Day, Year (County) 0 While Not While factory, streat, office bidg., etc.) F 14 6 at work at work should be forwarded to the FUNERAL DIRECTOR: ifs designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 17. Inquiry W and in my opinion Natural causes X. death resulted from. Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER IX DEPUT NAME (Type) FRANK J. BROSCHART Address (Streat, city, town, or county) August 8. 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, fown, or country) REMOVAL (Specify) <u>7</u>40 ₽ Arlington National Cometa Arlington, Virginia MENANT Burial 23. JFUNERAL DIRECTOR Silver Spring, Maryland Kaymond A AUG 1 4 '61 VS. A15ME Inc. 8434 Georgia Avenue Coucher J. Thouse Warner E. Pumphrey. 5M 7/59 DATE



.a () (本)	Ιt	em 20 Film 293 8-25MARYLAND STATE DEPARTMENT OF HEALTH
FOR CTARE	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1227 9257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1.	PLACE OF DEATH
Ne age		e. COUNTY MON La MARYLAND a. STATE b. COUNTY MARYLAND
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) writen RURAL and give heerest town)
d Your B	_	Rockstille 26 hrs Rockstle
P o o		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM?
fune fune sinec state ath.	3.	NAME OF MINING COLL NIGHT OF WEST NO FI
H an the Street		OF DEATH GUY 17 1961
death d 3 to ay be with s affe	5.	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In yours of UNDER 1 YEAR IF UNDER 24 HRS.
	10	male while whole DIVORCED 9-12-1926 345.
s 1; 2, 3ge 5 age 772 h	do	me during most of working life, even If retired)
within 24 hours of Give Pages form PM3 Pages In File pages I effect within	13.	FATHER'S NAME 14. MOTHER'S MADEN NAME.
		Andrew Lackson Burne - T da Light
ecuted within 2- in Item 18. Give ng with form PA st permit. File p in any eyent.	15, (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
ted will fem 18. with for with fem it.	-	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).
e executed vacil in leen in along with rensit permitentials.	/	PART I. DEATH WAS CAUSED BY: I Tracerebral Elana ONSI AND DEATH
¥ E -		14.7 DUE TO 111 111 1
E 5 T E		Conditions, if only, which gove rise to immediate course
ificate should be pending" in peramor's Office sed as a burial of, or removal,		(a), stating the underlying DUE TO Charles I April Doll April 2018 Brown to the state of the sta
See all the see of the	N.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
his cerl word " ical Ex Id be u	CERTIFICATION	PERFORMED? YES NO -
T = P0 0	ERTIFI	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of Item 1B.) PRIMARY or CONTRIBUTING
AMINER Writing the Chief M Sage 3 sh to burial,		CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20m. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While Not While Not While 11 . 1 States, street, office bidgs, arc 1 (2.2.2.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (County) (County) (State) While Not While Not While 1: 1 Story, story
icate, v to the OR: Pe	_	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion
DICA arded RECT 8gent,		death resulted from: Natural causes . Accident X, Suicide . Homicide . Undetermined manner/
23 E > H		CHIEF MEDICAL EXAMINER
ATL prest		SIGNATURE SIGNAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MED CAL EXAMINER DEPUTY DEPUTY MED CAL EXAMINER DEPUTY DEPUTY DEPUTY MED CAL EXAMINER DEPUTY DEPUT
DEPUT bess exel should be FUNER		NAME (Type) PANK J. /3/18Chan Address (Straet city, town, or county) 8-18-6
O DEI please 4 shou O FUI or its		BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
P P		Transit 8/19/61 Sunset Christiansburg, Virginia Christiansburg, Virgi
VS. A15ME 5M 9/60	Ту	Rockville, Maryland AVE. 246. RECOBYREGISTRAY 246. REGISTRAY'S SCHATURE Rockville, Maryland DATE 246. RECOBYREGISTRAY 246. REGISTRAY'S SCHATURE AUG 21 61 Cutlum 1. House



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		9253	CERTIFICA	TE OF DEATH		09248
		PLACE OF DEATH		2. USUAL RESIDENCE (W)	nere deceased lived. If institution: Res	dence before admission)
	L	Montgomery	MARYLAND	MARY	IANO III	ontgomery
i	Ŀ	b. CITY OR TOWN (If outside/corporate links, write RURAL and give hearest lown)/	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RURAL o	nd give negrest town)
		Dethe da	2/days.		SING ton	*
	1	OR INSTITUTION	oddress)	STREET ADDRESS	- /	IS RESIDENCE ON A FARM?
ŀ			spitn1	12802 06	ennings Rd	YES NO
	3 1	NAME OF First	Middle	Last	4. DATE Month	Day Yeor
		Type or print) /////Red		ARPENTER	DEATH Hugust	7 196/
	5 5			B DATE OF BIRTH	9 AGE (In/years IFUN lost bishday) Mont	DER 1 YEAR IF UNDER 24 HRS hs Days Hours Min.
		emale white widow		reprusy 26	1914 47 41	
	100	 LSUAL OCCUPATION (Give kind of work done during impst of working life, exen if retired) 	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stote	or foreign countily) 12.	CITIZEN OF WHAT COUNTRY
		Housewite		1 lew	York	W.3/7,
\	13.	FATHER'S NAME VESSE N.	HAWley	14. MOTHER'S MAIDEN N	a Bulkey	
/		WAS DECEASEDEVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	FORMANT /	Address	- m Helme
		NO 2	20-38-27910	In CARpenter) pustand sin	
		18. CAUSE OF DEATH [Enter only one couse per I	ine for (a), (b), and (c)]	1		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	INHERS EXTIAL	GLOMERU	Lo Nephritis	2025
		DUE TO		. ,		/
		Conditions, if ony, which) (b) DIA DETES MARLL. Files				15 475
		gove rise to immediate DUE TO	•	<u> </u>		
		lying couse lost. (c)				
	Z O	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CATION					YES NO
		200 ACCIDENT WAS UNDERLYING 20b. DES	Port I or Port II of item 18)			
l.	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	₹		4	ACE OF INJURY (Home, form		(County) (State
	MEDICAL	Hour om While p.m 19 of wo	Not white	clory, street, office bldg , etc		
		21 certify that (I) (this haspital) atten-	ded the deceased from	10	47. 10 August 7. 1	9_6/, that (1) (we) los
		sow the deceased alive on August		leath accurred at 2002	FM, from the causes and on	
ı		220 SIGNATURE	/ /	leath accorded orders	TM, ITOM THE COOSES ONG ON	22b DATE
		Lewitt E. D. o	awter	M D PHYS D	ED STAFF RECTOR PHYS	SIGNET
		22c PHYSICIAN'S	h / . / .	22d. ADDRESS		/
		NAME (Type) DEWITT E.	De LAWter, N	(D. 8025 ABE	ERDEEN Rd. BUTH	, Ind
	23a	BUR AL, CREMATION, 235 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, or coun	ty) (State)
	1	REMOVAL (Specify) Burial 8/10/61	Parklawn Co	emeterv	Rockville, Mar	
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'	D BY REGISTRAR 256 REGISTRAR":	
		Robert A. Phinphrem U	Rethesda, Ma	aryland A	HG 1 0 '61 7 7 7	04.

within 24 hours after death. Page 4 uneral director, be filed with may be retain. If the knowledge and are altereding physician.

TO FUNERAL DIRACTOR: After this certificate has been signed by the attending physician and the set of the following the detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 then State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death PHYSICIAN: The law requires that the death certificate be e TO HOSPITAL OF ATTEND VR A15 (4) 1SM 9/S9



OF DEATH Hilm G204 9/7/01 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (I outs de compale lim ts. ENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSE IS RESIDENCE UMON fil not inchaspitel. ON A FARMI Hosp. 3. NAME OF OF DEATH DECEASED (Type or print) 19 AGE (In Young IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH DO NEVER MARRIED Months WIDOWED [DIVORCED [10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, C TIZEN OF WHAT COUNTRY? done during most of working life, even if refired 13. FATHER & NAME DECEASED EVER IN U.S. ARMED FORCES? Address fif yes give war or dates of service 18. CAUSE OF DEATH Enter only one couse per line for to. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO (6) gave rise to immediate cause DUE TO (a), sleting the underlying PART IL OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART 161, 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part) or Part II of fam 18."

(IF EITHER, NOTIFY MEDICAL EXAMINER) 30d. INJURY OCCURRED 200. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Slate) 20c. TIME OF INJURY Month, Dev. Yeer While factory, street, office bldg., etc.) Not While Hour a.m. et work at work to A to 19 (1) (we) last hospital) attended the deceased from 1144 22b. DATE 22a. SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specity) Silver Spring, Md. Gate of Heaven Cemeterv 0 Burial Wash | 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE VR A15 (4) Bladensburg Rd.N.E. D.C. DATEAUG 28'61 arthur & Henry 15M 9/60

RYLAND STATE DEPARTMENT OF HEA

STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		PLACE OF DEATH	Items > &	2 USUAL RESIDENCE TWH			efore admission)
ΔI	`	MONTGOMERY	MARYLAND	MARY	(LANI) DC	MONT	GOMERU
VI	ŀ	CITY OR TOWN (if autside carporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		write RURAL and give	nearest town)
		RURAL and give pearest tawn) KENSWGTOW		SIL VER	SPRING	4 4 1	
	4	NAME OF HOSPITAL (If not in hospital give street	oddress)	d STREET ADDRESS			e IS RESIDENCE
0	K	ENSINGTON GARDENS	NURSINGME	2221 FORG	ST GLEN	ROAD /	YES NO 2
		NAME OF Mamie First DECEASED Type or print) MANUAL MANUE E	ELIZABETH.	CHEENEY	4. DATE OF DEATH	Month:	Pay Year 196/
	5 9	EX 6. COLOR OR RACE 7 MAR	TOTAL	DATE OF BIRTH	9. AGE (in lost birt		AR IF UNDER 24 HRS
	4	FEMALE WITTE WIDOW	ED DIVORCED	JULY 28, 18	888 7	yrs. Months Do	ys Hours Min
	10a	. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or fareign country)	12. CITIZEN	OF WHAT COUNTRY?
	Fi	le Clerk (Ret)	S. Gov't.	Massachus	ets	U.	.S. A.
)	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
		WILLIS CHEE	NEY	Louis	E MOR	TON	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		FORMANT 2221	30330000	Address 2 ms 7	GLEN RO
	,		None 4	R. WM. CHEE	NEY SILV		NG, MD
		1B. CAUSE OF DEATH [Enter only one cause per li	ine far (a), (b), and (c)]	1	1	1	NTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	15		4-54RS.		
		DUE TO					
		Conditions, if any, which) (b)	EREBRAL 1	ATHERO SCL	EROSIS		5-74R5,
		gave rise to immediate cause (a), stating the under	1	1			
		lying cause last.	DIABETO ,	MEZCITUS	,		
	N _O	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION	ON GIVEN IN PART 1(19 WAS AUTOPSY
	CATI	CA COLON	OPERATED	19 55 - NON	CONTRIBU	TORY	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18)							
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	00 74	de de maine es	lear vel		***
	EDICAL	20c. TIME OF INJURY Month, Day, Year 20d I Haur a. m. White	for	ACE OF INJURY (Hame, farm tary, street, affice bldg., etc		(Cour	ity) (State)
	WE	p. m, 19 at wa	rk at wark				
1		21 I certify that (I) (this hospital) attend	ded the deceased fram.,	FGB: 22- 19	\$8, to AUG.	4 , 196L	that (I) (we) last
		saw the deceased alive on ALG_4	19 6 / and that d	eath occurred at	M, from the caus	es and an the d	ate stated above
		20- CICANATURE	A		ED STAFF		226.DATE SIGNED
		Jamesa. Ro	racus	W.D PHYS DI	RECTOR PHYS (<u> </u>	AUG. 4, 19
		NAME (Type) TAMES A. R	n-R'TC	22d. ADDRESS	ره مرسورية خ		
		JAMES A. R	01251-17	E907 GEG	AUE.SIL	VEK SPRII	VE MD.
	230	BURIAL, CREMAT ON. 236 DATE THEREOF	23c NAME OF CEMETERY OF	R CREMATORY	23d LOCATION (City,	town, or county)	(State)
]	REMOVAL (Specify) Burial 8/7/61	Rock Creek Ce		Washingto	on D.C.	
		FLIST RALDIRECTOR'S SIGNATURE ZISKON	ASSERBYET Spri		D BY REGISTRAR 258	REGISTRAR'S SIGNA	ATURE
Varner E. Pumphrey, Inc. 8434 Georgia Avenue DATE AUG 9 '61 Outlan S. Krana							CLASSA

funeral director, sold be filed with in bu DEUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. tal or attending physician moy be retain

HYSICIAN: The law requires that the death certificate be ex

within 24 hours after death. Page 4

TO HOSPITAL OF VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USURL RESIDENCE (Where decessed I ved, It institution: Residence before edmission e. COUNTY **b.** COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits, C LENGTH OF STAY N 16 and c. CITY OR TOWN (if outside corporale limits, write RURAL and give nearest town) write RURAL and give negrest town) Bethesda (Rural) 4Hrs & 13 ${\tt Hvattsville}$ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital 6010 37th Ave. YES NO T 3. NAME OF 4. DATE Middle Month Yes DECEASED Timothy (Type or print) DEATH August 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 5. SEX 9. AGE (In years | IF UNDER I YEAR) DATE OF BIRTH IF UNDER 24 HRS. and lest birthday) Months Hours Male Caucasian WIDOWED 1. 1961 DIVORCED [August physician remove 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Infant. USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending t Chretien Kathleen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give we ror deles of service) Paul A. Chretien 2 above Same as 9 18. CAUSE OF DEATH (Enter only one cause per line jet (e), (b), and (c) **INTERVAL BETWEEN** ۵ ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) Signed DUE TO geve rise to immediate cause DUE TO (e), sletting the underlying ø PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTOPSY certifical PERFORMED? NO F CERTIFIC 20e. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, form, 2Df, (City or lown) 20c. TIME OF INJURY Month, Day, Year (Stete) (County) factory, street, office bldg., etc.) While Not While Hour e.m. el work 21. I certify that M (this hospital) attended the deceased from AUGUST 1 19.61 to AUGUST 1, 19.61 that (IX(we) last ...19,61, and that death occured at7:40% from the causes and on the date stated above. saw the deceased alive on...AURUST 220 SIGNAP ATTENDING August 1. DIRECTOR PHYS. HOSPITAL death. Page TO FUNERAL director, per PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type S. Naval Hospital, Bethesda, Md. Lawrence G. Thorne, LT MC USN 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, | 236. DATE THEREOF 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) August Fort Myer Va. Arlington National Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Riverdale Md VR A15 (4) Chambers 5801 Cleveland Ave. DATE AUG 3 15M 9/60 arthur & Kraus 1X7 40134

hospital



9262 **CERTIFICATE OF DEATH** Rea. Dist. No. 1 director 1. PLACE OF DEATH P .2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY I MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) C. LENGTH OF STAY IN LL å RURAL and give nearest town) 몽 Ednor Five_weeks Wheaton. Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle DATE Lost Month Yeor DECEASED OF DEATH (Type or print) 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B RTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HPS Months Doys Hours WIDOWED A DIVORCED [yes. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY corban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH MART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which] (6) gove rise to immediate **DUE TO** couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) blowr .. O. II. -Not white factory, street, office bldg., etc.) Whileat work at work p. m. 21. I certify that I attended the deceased from 19 21 that I last saw the deceased alive an and that death accurred at ________ r.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Cremation 8/4/61 Fort Lincoln Crematory Prince George's County, Maryland Pumphrey, Inc. 8434 Georgia Avenue 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Chillus L. Throng DATE AUG

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



OF STATISTICAL RESEARCH AND RECORDS, ESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, first tution, Rasidance before admiss on) a. COUNTY /b. COUNTY _ MARYLAND (It outs de corporete limits write RURAL and gurb nearest town) e. LENGTH OF STAY IN 16 years pletely NAME OF DECEASED (Type or print) DEATH 5 SEX MARRIED NEVER MARRIED WIDOWED 10a USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) physi Own Home Housewife Montgomery County, Maryland attending pt Then please i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mr. James Harvey Georgianna Goddard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address oval, (Yas, no, or unkown) . [If yes give wer or detas of service) Mrs. May A. Young 8623 Flower Avenue Takoma Park physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Signed DUE TO Chronic pyelonephrilis Conditions, if any, which gave rise to immadiate cause DUE TO (a), stating the underlying causa last. PART IN OTHER 5 GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY arcinoma pris use 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part J of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd NJURY OCCURRED 2De PLACE OF NJÛRY (Home ferm, 20f. (City or fown) 20c. TIME OF INJURY Month, Dev. Yeer While Not While factory street office bldg , etc.) Hour a.m. el work at work haspital) attended the deceased from ... August 10945 [16., 19.6], that (I) (wo) last 19 6 , and that death occured at 9. P.M. from the causes and on the date stated above. saw the deceased alive on INA 22a, SIGNATURE ATTENDING PHYS D RECTOR PHYS. FUNERAL 22c PHYSICIAN'S 22d. ADDRÉSS director, p 230, BURIAL, CREMATION, 1 236, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Fort Lincoln Cemetery 24 FUNERAL DIRECTORYS SIGNUTURE /5

Silver Spring, MarylandDATE

VR A15 (4) 15M 9/60

AARYLAND STATE DEPARTMENT OF HEALTH

258 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
AUG 2 1 61 Cultur 9 H

23d. LOCATION (City, town or county)

Prince George's County, Maryland

e. IS RESIDENCE ON A FARM? YES NO Z

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

2 months

PERFORMED? NO X

(State)

49 45 / 16, 1961



MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE 1. PLACE OF DEATH e. COUNTY California Montgomery MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate | mits, write RURAL and give nearest town) write RURAL and give neerest town) Det/roit/ Bethesda days San Francisco d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Ave. The Clinical Center, Bethesda 14, Md. /B/uhr]/ij/ngame/ /Atremue/ DATE 3. NAME OF DECEASED OF (Type or print) Solly (None) Cohen DEATH August and col 6. COLOR OR RACE T. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH lest birthdey) | Months | Days White WIDOWED [DIVORCED [January 15. Mala 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) New /York Toronto Can. Spotter Dry Cleaning please rei 13. FATHER'S NAME 14. MOTHER'S MAIDEN HAME 2 Issac Cohen Bessie Schallnes Schaaltes 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 14-SOCIA, SECURITY NO. Tr. INFORMANT The Medical Record (Yes, no, or unkown) | (If yes give we ror detes of service) Unasceptainable The Clinical Center, Bethesda 14, Maryland IB. CAUSE OF DEATH lenter only one cause per line for let the and let PART I, DEATH WAS CAUSED BY: Cardio-Respiratory arrest IMMEDIATE CAUSE (+) Widespead Epidermoid Carcinoma **DUE TO** Primary - left Alveolar ridge) Conditions, if any which gove rise to immediate cause DUE TO (*), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART IL. 19. WAS AUTOPSY 3 days post-operative Medullary Tractotomy for Intractable Pain use 200, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, [Enter neture of injury in Pert I or Pert I of dem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ZOo PLACE OF INJURY (Home, farm, ' 20f. (City or fown) (County) fectory, street, office bldg., etc.) While Not While Hour s.m. et work at work 22e. SIGNATURE ATTENDING DIRECTOR THYS. PHYS. M.D. 22d. ADDRESS The Clinical Center,

23c. NAME OF CEMETERY OR CHEMATORY

CHESED-SHEL EMARS

J. Kent Trinkle. M.D.

* Dons 3501-14 pl. 700

JOSPI.
Jeath. Pag.
Viector, Viector, File VR AⅢ (4) 15M 9/60

22d PHYSICIAN S

REMOVAL (Spec ly)

BURIAL

24 FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

physic

attending

g physic signed I

certificate

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Institutes of Health, Bethesda 14, Md.

23d. LOCATION (City, town or county)

arthur S. House

8/12/61

National

. IS RESIDENCE

YES NO DE

1961

NTERVAL BETWEEN 12 hours

6 months

PERFORMED?

NO DO

(Stete)

226. DATE

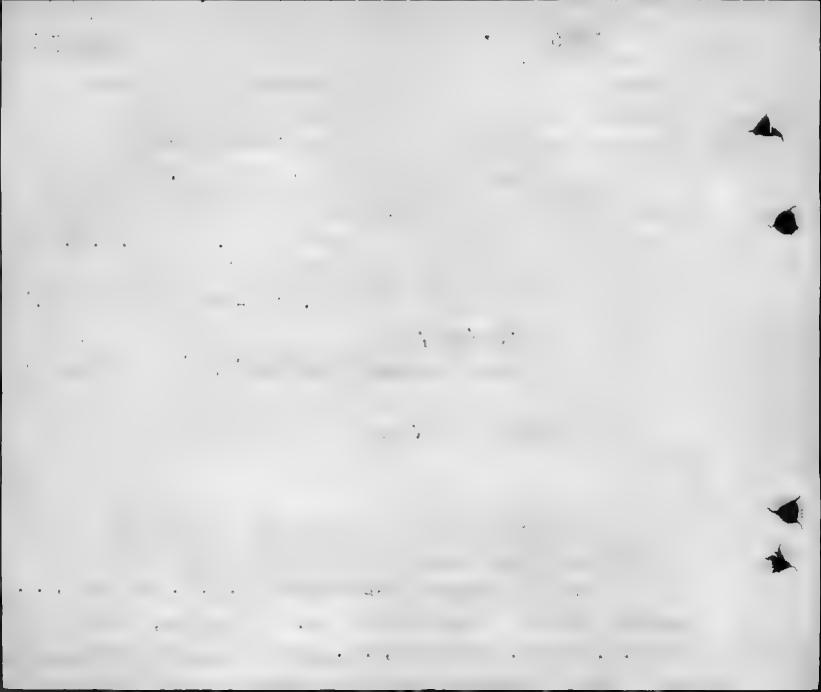
(Stete)

SIGNED

U.S.A.

ON A FARM?





the funeral director, hould be filed with "had within 24 hours ofter death. Page 4 may be retained by the potal or attending physician. O FUNERAL CATOR: After this certificate has been signed by the attending physician and completely filled in though 3 shauld be detach of for use as the burial-transit permit. Then please remove carbon papers. Pages I and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer denth. AS PHYSICIAN: The law requires that the death certificate be a TO HOSPITAL OR ATTEN may be retar

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 5	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				
*	9266 CERTI	IFICATE OF DEATH Reg. Dist. No.	U9256		
M	Inontaomeru	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before constants b. COUNTY			
		es. Washington, A.C.	S RESIDENCE		
	d. NAME OF HOSPITAL (If not in hospito), give sfreet address) OR HIGHITUTION OR HOSPITAL (If not in hospito), give sfreet address) OR HIGHITUTION OR HOSPITAL (If not in hospito), give sfreet address) OR HIGHITUTION OR HOSPITAL (If not in hospito), give sfreet address) OR HIGHITUTION OR HIGH	STITUTE BURNER Lane	ON A FARM? ES NO Yeor		
	(Type of print) GEORGE Thoma	25 Gollins DEATH august 16	1961		
	5. SEX 6. COLON OR RACE 7. MARRIED NEVER MARRIED DIVORCE	ED MAY 7, 1877 Set yes. Months Doys H	lours Min.		
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Control of working life, even if retired)	OR INDUSTRY 11, BINTHPLACE (State or foreign country) 12. CITIZEN OF V COCAGE TOWN WITH SINGLE CONTROL OF V 14. MOTHER'S MAIDEN NAME	WHAT COUNTRY?		
I	Andrew Gollins	Maen Ann Revan			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (19 yes, any year or dotes of service) 577-12-1079	9 Me Jesse H Collins 4 that Fire	-den N/2		
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b).	INTERVONSET	AND DEATH		
	Conditions of any which)	LINA 24 FARCE	12117		
	gove rise to immediate couse (a), stating the under-lying cause lost	21052 Givite 15 15 15 18 18 18 10	+ YEAR		
•	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER;	11 /1 //1 1/2/ my 1/4 1/4 /	WAS AUTOPSY PERFORMED? ES NO 1		
		OCCURRED (Enter nature of injury in Port I or Part II of item 18)			
	TO TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not white p. m. 19 of work 20 work 2	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (County)	(Stote)		
	21. I certify that I ottended the deceased from	6/11 , 1960, to 1/6 , 1962, that I last saw	the deceased		
	alive on, 19_(e/_, ond that	death occurred at 105 M, from the causes and on the date ADDRESS (Street, city, or town, state)	stated above. DATE SIGNED		
	ACTUAL SIGNATURE LULL 163" A 152 OUT At of	AMO. SESSONATTLINGLA			
	PHYSICIAN'S CHAILES J. SAVAIL	LESSE MERGY 126 That SPAY 14 R. B			
	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. DAME OF TEM	AETERY OR PREMATORY 122d LOCATION 19 17 10WN. ON COUNTY)	(Stote)		
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 57039	no fee crue m n 200. REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE DATE DATE DATE TO STREET SIGNATURE CARTER SIGNATURE CARTER SIGNATURE CARTER SIGNATURE			



TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before admiss only a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (f outside adeporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (I oulside corporate I mits, write RURAL and give naerest lown write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, q va street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF DATE Year DECEASED OF (Type or print) DEATH 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH last birthday) Months Devs Hours WIDOWED D. VORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) ARLINGTON

14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO 17 INFORMAN 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e DUE TO Conditions, if any (ib geve rise to immediate cousa (a), steting the underlying cause lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01 PERFORMED? YES NO T CERTIFIC 20a, ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Jem 18.) OR CONTRIBUTING [] CAUSE OF DEATH 20d. NJURY OCCURRED | 200 PLACE OF INJURY (Home, larm, 201 (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stelle) factory, street, office bldg., etc.) White Not While Hour a.m. et work at work 21 I certify that (I) (this hospital) attended the deceased from...... 19 (1) (we) last , and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on... 22a, SIGNATUR SIGNED DIRECTOR PHYS. MD. 22c. PHYSICIAN'S ADDRESS 22d NAME (Type) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) uitland. rematory Cremation 8-30-1961 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE arily & Krous

ARYLAND STATE DEPARTMENT OF HEALTH

funeral

completely executed

and

physician

affe

signed by

use as l

death. Par.

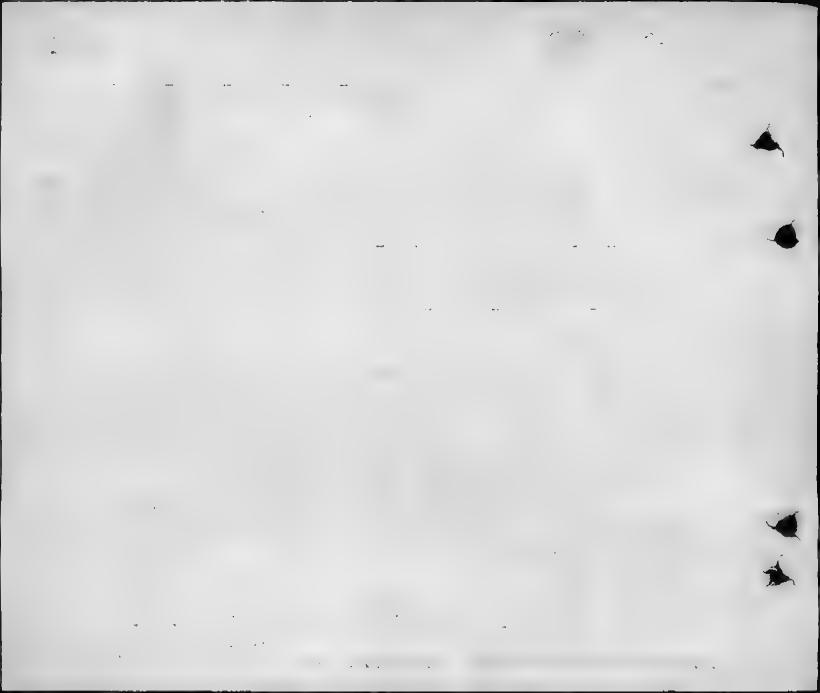
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VR A15 (4)

15M 9/60

prior

carbon



MARYLAND STATE DEPARTMENT OF HEALTH



Reg. Dist. No 09259 9269 CERTIFICATE OF DEATH eral director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY Mont gomeru UE b. COUNTY CHIMBIA. MARYLAND uneral b. CITY OR TOWN IIf outside corporate limits, write c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give neorest town) 2 mo. d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? Tuckerman 140 YES | NO K 9 NAME OF First 4. DATE Middle Lost Month Yeor OF Cenneth (Type or print) DEATH 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years fost birthday) B. DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Male. WIDOWED A DIVORCED T 6 2 yo 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) Sa les man Š 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Payne. Levou remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Drondrogon's C mos IMMEDIATE CAUSE (o) DUE TO ۵ ~ metastases Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underfying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY 20d INJURY OCCURRED Doy, Year (County) (State) factory, street, affice bldg , etc.) Hour o m. While Not while of work 21. I certify that I attended the deceased from July 1941...that I last saw the deceased , and that death accurred at 10.50 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED registror 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Burial 8/8/61 Maple Sove Grove Worcester 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Washington, D. CONTE 15M 9/\$5

after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MUDRA

æΧ	3210	- Item 23 Film G	29 9/6/41	m h	00200
u	1. PLACE OF DEATH	1100 2) 11111 1		CE ,Where deceased lived, if institution	on: Rasidance before admission)
	a. county Montgomery		a, STATE	b. COUNTY	
		MARYLAND	Tenneses		
C	b, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	E LENGTH OF STAY IN 16	c, CITY OR TOWN ()	if outside corporate limits, write RURA	and give rearest fown)
	Bethesda (Rural)	65 days	Memohis		147-)
^	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, giva street address)	d. STREET ADDRESS		. IS RESIDENCE
	U. S. Naval Hospital		1608 C	Tandand-3- Gt	ON A FARM?
	3. NAME OF First			Lauderdale St.	YES NO NO
	DECEASED	Middia	Last	OF	Day Year
	(Typa or print) Laurie		rawford	DEATH August	28 19 61
)	5 SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNI	
	Female Negro wind	OWED DIVORCED 1	4-23-61	last birthday) Month	s Days Hours Min.
		06. KIND OF BUSINESS OR INDUSTR			CITIZEN OF WHAT COUNTRY?
	dona during most of working life, even if retired)				
	Infant		Tennes		USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Ellie L. Crawford		Rita J.	Yates	
	TS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	INFORMANT	Address	
	(Yango, or unkown) (Ifyasgiva warordalasolsarvice)		Hospital Red	orde	
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c)	HODD'T OCT TICE	.01 40	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	MENING TIS			ONSET AND DEATH
	IMMEDIATE CAUSE (a)	12/1/100/1/3			4/ UA/3 -
	DUE TO			_	
	(*) # * 3	IFECTED VENTRIC	UND ATRIAL	SHONT _	0 DAYS
	gave rise to immediate cause (a), stating the underlying DUE TO				
	causa last.	YDROCEPHALUS			
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBLTING TO DEATH BUT NO	≠ OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	
	F 10001 0	210			YES NO K
	2Da ACCIDENT WAS UNDERLYING 1 1 20b.	DESCRIBE HOW INJURY OCCURED	(Felar pature of purey in	Part Lor Part II of Jam 18 1	
U	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJUST OCCURED	, (Lings hale a of histy to	Tall (Of Fall II O' Irem 15.)	
	S 20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, tarm lory, streat, office bldg., etc.		County) (State)
		t work at work			
	21. I certify that (this hospital) a	ttended the deceased from	June 24	1961 to August 28	10 61 that XI) (we) last
	saw the deceased alive on Augus			OGA, from the causes and c	
	22a. SIGNATURE	, and mai	deglii occulor araa	and the causes and the	22b. DATE
)	1/nothing b	1	DATE TO	MED. STAFF DIRECTOR T PHYS. THE	SIGNED
ŧ.	THE PUBLES	M	D. PHYS. C	DIRECTOR PHYS. X AU	gust 28, 1961_
	22e. PHYSICIAN'S NAME (Typa) D 11 MACIETTE	CATOMATN NO IIC		al Hospital, Beth	esda Md
		e, captain, mc, us	M O. D. May		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)	23c. NAME OF CEMETERY		23d, LOCATION (City, fown or o	ounty) (Stata)
		43 C 17 C1	nown	Memphis ·	Tennesee
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Washin	ngton, D. Osa. REC	C'D BY REGISTRAR 256, REGISTRA	R'S SIGNATURE
	Frazier's Funeral Home.	389 Rhode Island	Ave . N. W. PARILO	3 0 '61 Carlbon	a 11
			1111	4 BY 56 92 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To Parameter .

ses I and 2 should after death. executed within 24 hours after clan and completely ove carbon papers. 72 S. F. TO HOSPITAY. OR AT ADDING PHYSICIAN: The law requires that the death certificate, Page Tay be reflected by the hospital or attending physician.

TO FUNERAL POINECTOR: After this certificate has been signed by the attending physician an director, page 3 should be detached for use as the burial-transit permit. Then please remove car be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,

VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Reside . COUNTY **b.** COUNTY Montgomery by the and 2 death. Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. City OR TOWN (If outs de corporete I m Is, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAD and give nearest town HRS. 20 MIN Olnev Olnev d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Montgomery General Hospital YES NO 1 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH SUF Crown August LILLIAN 6 COLOR OR RACE 7, MARRIED T NEVER MARRIED 9. AGE In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours August 26. MIRD, VORCED FEMALE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 , ⊆ aftending please George Crown Lillian Virginia Casa 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17, INFORMANT Then Ad dress (Yes, no, or unknown) | (If yes give war or detes of service) Hospital Records 18 CAUSE OF DEATH [Enter on y one cause peg! ne for (e), (b , and ,c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Anencep Condions, It any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY 中原 PERFORMED? NO I 208 ACC DENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Iem 18) 20c. TIME OF NIURY 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from... 1., and that death occurred as 12 A.M., from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. death, Page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Gaithersburg, Md. I. Leal. M. filed v 23d LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) ÷ 3 24 FEMERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chillies S. Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9272

CERTIFICATE OF DEATH

Reg. Dist. No. 09262

1	1, PLACE OF DEATH o, COUNTY				2. USUAL RESIDENCE (WH			esidence bef	ore admission)
1	Montgomery			MARYLAND	Maryland	D b.	COUNTY _Mant	gomers	er Comme
	b CiTY OR TOWN (II RURAL and give ne	f autside corporate limits, arest tawn)	write c LENGTH C	OF STAY IN 15	c CITY OR TOWN (IF a	outside corporole limit			
Pal	Silver Spri	ng.			Silver Spring	r Wash.		47x	€
		AL (If not in hospital, give			d STREET ADDRESS	Ann	** ***	201	e. IS RESIDENCE ON A FARM?
}	Marilea Nur	sing Home.	14,511 Cole	sville	7444 Georgia	Avenue, N	•W• Apt	• 201	YES NO
	3. NAME OF DECEASED	First	•	Middle	Last	4. DATE	Month	D	Pay Year
	(Type or print)	Thomas	184	erbert	David	DEATH C	- Barre	\mathcal{L} . \mathfrak{S}	1961
	S SEX	6. COLOR OR RACE 7	MARRIED NEVER		8 DATE OF BIRTH	9. AGE		- 11	IF UNDER 24 HRS
	Female	111111111111111111111111111111111111111		IVORCED 🔲	March 7, 1876	85	withday) Mo	onths Days	Hours Min.
	10a USUAL OCCUPATIO during most of work	N (Give kind of work doing life, even if retired)	ne 10b KIND OF 8US	INESS OR INDU	STRY 11 8IRTHPLACE (State	or foreign country)	1	2. CITIZEN C	OF WHAT COUNTRY?
	Automobile 13. FATHER'S NAME	Distributor	Self er	nployed	Clarion Co			U.S.	Α
	Emil David				Sarah Bisho	OD			
		R IN U. S ARMED FORCE		RITY NO.	INFORMANT	A	Address	- D C	
	No (Yes, no, or unknown	Figure was a dates of servi)ca)	Mr.	. Harold H. Da	vid 7452	Alaska	Avenue	. N.W.
	18. CAUSE OF DEA	TH [Enter only one cous	e per line for (a), (b),	and (c)]	\cap				TERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Somo.	- 10	2-1 4 2		120	010	7
	180	DUE TO		7	0	770		-	770
	Conditions, if an	which)		- spore	and -zue	de les	A-C		
	gave rise to in	mmediate (DUE TO		Lie Comment					
	couse (o), stoling t lying cause lost.	ne under-							
		J (c) .	TIONS CONTRIBUTING	TO DEATH B.C	T NOT RELATED TO THE TERMI	INIAL DISEASE COND	TION CIVEN II	NI PART 1(a)	10 WAS ALITOPSY
	NO PART II OTH	EK SIGITIFICANT CONDI	T-OI45 CO-41 X-56 III 4C) TO DEATH BU	I NOT KEDATED TO THE TERM	MAKE DISEASE COMO	HON GIVEN II	M FART (D)	PERFORMED?
		7	Total Color House	III DI CCIAND		0 A A - 0 - A A - 6 70	. 10.5		YES NO
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER	DE DESCRIBE HOW IN	DOKY OCCORRE	ED (Enter noture of injury in I	PORT I OF PORT II OF ITE	m 16.j		
	20c TIME OF INJURY	Y Manth, Doy, Year	204 INJURY OCCUR		ACE OF INJURY (Home form			(Caunty	(State)
	ZOC TIME OF INJURY	19	While Nat while of work	e	ctory, street, office bldg., etc	1			
			-	7	2C 10//	7 6	10/1		
		at I attended the d		conding-w	25 , 196/, to c	2209-7-	TYES //hot	t I last sa	w the deceased
	alive an	3-1-6	, 19 £ /2, on	d that death	occurred of 2012				
	ACTUAL		1/1/1-)	100	ADDRESS (Street, city	or town, slate) (~	DATE SIGNED
	SIGNATURE	terter.	1/(08	ero.	M.O	- Reduce po	say !	60-	7-7-61
	PHYSICIAN'S		' 0		8.0	0		00	7 -1
	NAME (Prpe)				- the	1 per	7174		
	220 SURIAL, CREMATION REMOVAL (Specify)	N, 226 DATE THEREOF	22c. NAME	OF CEMETERY C	OR CREMATORY	22d. TOCATION (C	y fawn, or co	unty)	(Stote)
	Burial	8/11/61	Rock	Creek (Cemetery.	Washi	ogton_D	_C	
	23 FUNERAL DIRECTOR'S		Sil ADDRES	Spring.	Maryland 240. REC		46 REGISTRA		JRE
		umphrey. In				24 - 161			

ofter death Page 4 director, 6 within 24 havrs The hypotol or attending physician. 310R: After this certificate has been signed by the attending physicion and campletely filled in by detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 1a burial, cremation, or remaval, and in any event within 72 hours ofter death. PHYSICIAN: The law requires that the death certificate be eq May be retain by the hy pulal may be retain by the hy pulal to FUNERAL DIRECTOR: After this page 3 shauld be detached far ut he registrar prior to buriol, crem VS A1S (4) 1SM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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A	1 4	PLACE OF DEATH COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived (If institution: Residence befare admission) a STATE b COUNTY
A 7	.	1116717 Graneral	17/6: //////
	'	b CITY OR TOWN (If outs de corporate limits, write RURAL and gwezneares toyes)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	-	The Har 5 da, 22 abys	i Bethesda
1	'	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUT ON	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
7		S'll celt her	450/ Chate se Here YES NO
		NAME OF DECEASED (Type or print) Len a Elizabett	4. DATE Month Day Year OF DEATH ALLEY 20 19 61
	5 5	SEX 6 COLOR OR RACE 7 MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9 AGE (in year) IF UNDER 1 YEAR IF UNDER 24 HRS lost b' rihddyd Months Doys Haurs Min
	100	JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY , 11. SIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
/		during most of working life, even if ratired)	mary Land U. J. A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I		Frances Todde	Flipping Flored
_	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 H	NFORMANT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	{Yes	is, no, or unknown) (if yes, give wor or dates of service)	Trother Jan / state to About
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	sciclar Collapse ONSET AND DEATH
		DUE TO	1) 11
		Conditions if ony, which) (b) Charteral	thrombouch burch.
		gove rise to immediate	
	1	lying couse last.	l artirurcleroses
	ON N	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	8	carrinonia of dolos	YES NO
	CERTIF	[OR CONTRIBUTING ☐ CAUSE OF DEATH]	D. (Enter nature of injury in Part 1 or Port II of item 18.)
	1 .	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	SICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 40e Pl	LACE OF INJURY (Home, form 120f (City or tawn) (County) (Stote) octory, street, office bldg., etc.)
	MEDI	p. m 19 of work at work	
		21. I certify that (1) (this haspital) attended the deceased from.	allerit 1961 to alle 20 1961 that (1) (we) last
		saw the deceased alive on MINNIST 259 6 and that	death occurred atM, from the couses and an the date stated above
		126 SIGNATURE 10 0/X 5/ 126	-/ 270 DATE
	1	Vintered K. Kithenen Man 1 KR	MD PHYS DIRECTOR D STAFF SIGNED
ı		12 PHYSICIANS RETURNED TO PRICE	4890 Battery Lane, B. Thiste, Mid.
	23c	BURIA. CREMATION 236 DATE THEREOF 123c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
> 1		Burial 8/23/61 Parklawn Ce	emetery Rockville, Maryland
1	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
No.		Robert A. Pumphrey Bethesda, Ma	

may be renare. With the potal or otherwing physician.

TO FUNERAL Dir. CTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

PHYSICIAN- The law requires that the death certificate be ex

within 24 hours ofter death. Page 4

funeral director, lould be filed with

TO HOSPITAL O VR A15 (4) 1SM 9/S9



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physic

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24 Quality Opertor) sundress Robert A. Pumphrey, 75

	MARYLAND STATE DE			4 AAA DWI AAID
	9275 CERTIFICATI		I STREET, BALTIMORE	09265
M B	LACE OF DEATH . COUNTY Ontgomery Ontgomery . CITY OR TOWN (if outs de corporete I mits, write RURAL end give neerest town) ethesda (Rural) 2 Mo 6 Days I. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address)	District o	E (Where decessed I ved, If Institute of Columbia outs de corporere I mits, write RUR	
3. 1 3. 1 5.	S. Naval Hospital NAME OF First Middle Deceased Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	1754 Massa DIJKMAN DATE OF BRITH	chusetts Avenue 4. Date OF DEATH August 9. AGE (In years Hill) Jest birthdey) Mor	ON A FARM? YES NO XX 18 19 61 NDER 1 YEAR IF UNDER 24 HRS.
10a. don W. 13.	USUAL OCCUPATION (Give kind of work deducing most of working life, even if ratired) arehouseman FATHER'S NAME NAME	HOLIAND 14. MOTHER'S MAJDEN N Unknown	y & Stale or fore gricountry)	2 CITIZEN OF WHAT COUNTRY! HOLLAND
	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 'e) Transitional Cell C	n) Robert O.	DIJKMAN Was	54 Mass. Ave., shington, D.C. INTERVAL BETWEEN ONSET AND DEATH
E			eri I or Peti I of Item 18.) 201. (City or town)	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [
	21. I certify that H) (this hospital) attended the deceased from saw the deceased alive on 18 August 1961, and that 22e. SIGNATURE	death occured at	CO, PMn the causes and	
į.	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY COLORS (Specify) Burial Shippingst 22 Aug 1961erwood Cen		Talbot County,	county) (Siete) Maryland

Ave. Bethesda, DARUG 23

Wisconsin

25e. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

arthur & House

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VR A15 (4) 15M 9/60



AARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad levad, if institution, Rasidanca before admission) a. COUNTY a. STATE **b.** COUNTY Montromery MARYLAND b. CITY OR TOWN (if outs de corporata I mits, e. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Olnev davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Montgorery General Hospital 3. NAME OF 4. DATE DECEASED OF (Typa or print) DEATH Alice Irooke Dinwiddie Aurust 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years 1 F JNDER 1 YEAR IF JNDER 24 HRS. B DATE OF BIRTH last birthday) Months WIDOWED T DIVORCED T Female IDs. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Practical Nurse, retired Nursing arvland 13. FATHER'S NAME MOTHER'S MAIDEN NAME Alban Prooke Sarah Elizabeth Pleasants 15. WAS DECEASED EVER N U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT (Yas, no, or unknown) (If yas giva war or datas of sarvica) Hospital records 1B. CAUSE OF DEATH [Enler only one cause age I ne for (a) (b), and (c).] PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) / CE arterior lower in mark DUE TO Conditions, fany, which gava risa to immadiale causa (a), stating the underlying TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING EL GAUSE DE DEATH [2Dd IN, JRY OCCURRED 2Da. PLACE OF N.URY (Homa, farm. 2Df. (City or town) 20c TIME OF INJURY Month, Day, Year While Not WKI. factory (street, office bldg., stc.) 19 nol, and that death occured at 12. M. from the causes and on the date stated above. saw the deceased alive 22a, SIGNATURE ATTEND NO. A MEDE PHYS. 22d. ADBRESS 22c PHYSICIANA Center, Sandy 23d, LOCATION (City, fown or county) 23a, BUR AL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) LAug. 29, 1961 Burial

မီ ဥ VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

Friends' Cemetery ADDRESS WARNER E. PUMPHREY, INC., SILVER SPRING, MD.

Sandy Spring, Montg., Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

DATE AUG 3 0 161

Cathan & thrus

(County)

ontromery

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

SIGNID 2016

Days

U.S.

 IS RESIDENCE ON A FARM? YES NO F



-		76	ARYLAND ST	ATE DEPA	ARTMENT O	ETHEALTH			
	DIVISION OF	STATISTICAL I	RESEARCH AND	RECORDS, 3	01 W. PRESTO	N STREET, B	ALTIMORE 1	, MARYLA	ND
		9277	CERT	FICATE	OF DEATH	4		-092	267
1.	PLACE OF DEATH				2. USUAL RESIDI	ENCE (Whata dac		ution: Rasidenca	balore admission)
	Mon.	tgomery		MARYLAND	a. STATE Ma:	ryland	b. COUNTY	Mont.	1.4
	b. CITY OR TOWN (if write RURAL and	outside corporate fimili give nearest town)	c LENGTH	OF STAY IN 16	c CITY OR TOW.	N (if outside corpor	rata I mits, writa RU	RAL and give na	arast town)
_	Bet.	hesda				evy Chase			
			not in hospital, give stre	el add.ess)	d. STREET ADDRE				ON A FARM?
ā.	NAME OF	ırban Hospi		l) dd a	31	Oxford S	Month	Day	YES HO W
0.	DECEASED (Type or print)		77	JG E	7F"	OF DEATH	woun		
5	SEX	John 6. COLOR OR RACE	7 MARRIED & MENTER A	e S T Supple	Dolan DATE OF BIRTH		Aug a	L6	19 6] F UNDER 24 HRS.
	Male	White	7. MARRIED 🔀 NEVER A WIDOWED 🗀 DIV	ORCED	5/29/03				Hours Min.
10	a. USUAL OCCUPATION	ON (Give kind of work	10b. KIND OF BUSIN		11. BIRTHPLACE (C	ounty & State, or fo		12. CITIZEN OF	WHAT COUNTRY?
00	one during most of work Physician	ilng lifa wven († rafirec	9		Gaylord	ville, Co	nn l	U.S.A	
13.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME	1224 0		
	Albert	Dolan			Alice_R	oach			
15. {Ya	. WAS DECEASED EVE as, no, or unkown] (Ify	R IN U.S. ARMED FOR (resigiva war or datas of sa	CES? 16. SOCIAL SECU	RITY NO. 17. IN	FORMANT		Address		
	No	no	None	wife	e, Philomer	na Dolan	same a	as above	
		WAS CAUSED BY:	cause par I ne for (a), (b),	and (c).]	allesse	an T	T.	ONSE	RVAL BETWEEN
	U 1	MMEDIATE CAUSE (a)	carriery.s	augu,	- contagodo	1000	gerano	(_ ,	-0 com
	Conditions, if any,	DUE TO	Browston	asnie 1	Caroma	man wo	IT 9461	howe le	month of
	gave rise to immedia	te causa	440	TI TI		resicta			
	(a), stating the un	darlying DOE O	7,11	-4-2_C/C	, , , ,		v e		
Z.	PART II. OTHER		ONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN I	N PART 1(a) 19.	
CATI								YE	PERFORMED?
CERTIFICATION	204, ACCIDENT WA	S UNDERLYING	20b. DESCRIBE HOW IN	JURY OCCURED.	(Enter nature of injury	In Part I or Part I. o	of tam 18)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)			_				
DICAL	20c. TIME OF INJUR Hour a.m.	Y Month, Day, Yea	y hila _Not White		E OF INJURY (Homa, I y, street, office bldg.,	farm, 201. (City of atc.)	or fown)	(County)	(State)
MED	p.m.	19	at work at work		Mass		Aug 16		<u> </u>
		A	all) attended, the de			., 19 (F.), to			et (I) (arre) last
	saw the decease	nd alive on T	19 19	I and that	death occured at	LV. M, from	the causes and	on the date	stated above,
	22e. SIGNATURE	11 76. 1	Peaboder	4	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS,	Augl	6, 196 GNED
	22c. PHYSIC, AN'S	7	- 1	1 - MD	22d, ADDRESS	J.K.C.TOX			
	NAME (Typa)	J D. Pe	abody Jr.	_	1150	Conn. Av	e. Wash	1. D.C.	
23	a. BURIAL, CREMATIC REMOVAL (Spac fy)	N, 23b DATE THER	OF 23c, NAME	OF CEMETERY O			TION (City, town o		(Stata)
	Burial	.8/19/61			Cemetery	Prin	nce Geor	rge_Co_	Md.
24	FUNERAL DIRECTOR		ADDRE			REC'D BY REGISTR	AR 25b. REGIST	rāk's signatu	
	Robert A	Dumphas	T Pathag	do Mom	TATE DATE	TOTAL D	· UM	huy S. Him	2m

Bethesda, Maryland DATE

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to by the function of a land 2 sho, I be executed within 24 hours after death. Page as be received by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this cartificate has been signed by the attending physician and completely find director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. P. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. TO HOSPITA 15M 9/60

The law requires that the death cert

Robert A. Pumphrey



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

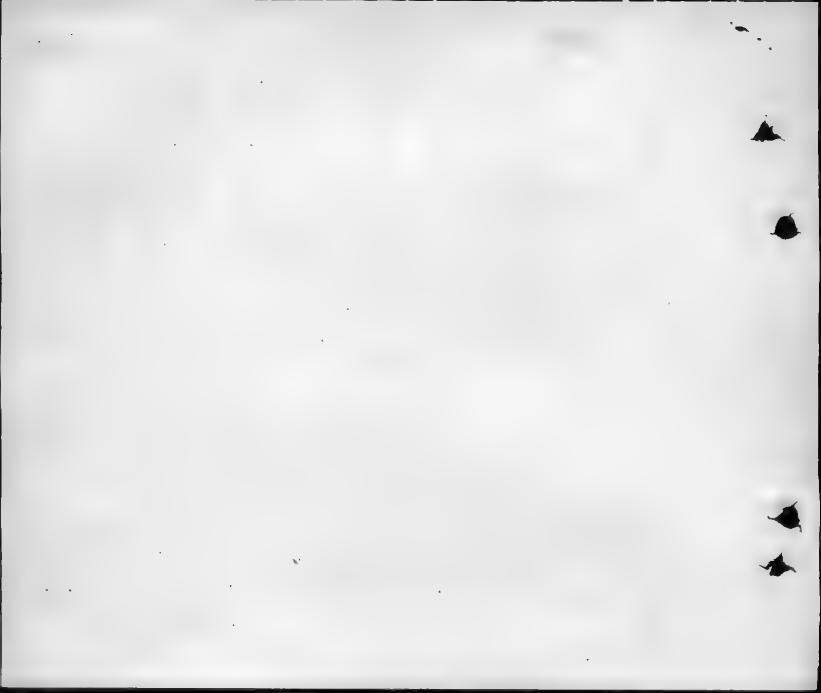
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					THE RESERVE TO SERVE THE PARTY.
1. PLACE OF DEATH o. COUNTY Montgo	merv	MARYLAND	2 USUAL RESIDENCE (Who a. STATE	ere deceased lived. If institution: R b COUNTY	Residence before admission)
b. CITY OR TOWN (If autside RURAL and give nearest tow Kensington	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURAL	L and give nearest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION Kensington	t in hospital, give street i		d. STREET ADDRESS	nn. Avenue, N	. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED	Fire Kathryn	Middle E	Dunkhorst	4. DATE Manth	Day Year 14 19 63
	or or race 7. MARR	IED NEVER MARRIED 🔀	8. DATE OF BIRTH 11/2/1877		UNDER 1 YEAR IF UNDER 24 HE
100 USUAL OCCUPATION (GIVE during most of working life, NOTIRE 13, FATHER'S NAME	kind of work dane even if retired)	None		ngton, D. C.	USA
IS WAS DECEASED EVER IN U	. Dunkhor ARMED FORCES? 16 was or doles of services	7	FORMANT	eth Fuss Address Granddaughter	
PART I DEATH (Ent PART I DEATH WAS IMMEDI Conditions, if any, white gave rise to immedio couse (a), stoting the unde lying cause last.	CAUSED BY. ATE CAUSE (6) DUE TO	ARCINOL	16 STRUCTI	Pectum	INTERVAL BETWEEN ONSET AND DEATH
CATIC				NAL D SEASE CONDITION GIVEN I	IN PART I(a) 19 WAS AUTOPS PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRE			/
20c. TIME OF INJURY Mont Hour a.m.	h, Doy, Year 20d. It While al worl	Not while fo	ACE OF INJURY (Hame, farm ctary, street, office bldg., etc.	20f. (City or lown)	(Counly) (Sta
saw the deceased alimature HOWE TO SHATURE TO SHATU	H (lia Ace H. Custi	des, Jr.	M.D. ATTENDING MIPHYS DI DI 22d. ADDRESS 185	M, from the couses and o	NW, Wash. D.C
23a BURIAL CREMATION, 23b REMOVAL (Specify) BUTIAL	3/17/61	Prospect H:		G , -). C.
24 FUNERAL DIRECTOR'S SIGNA Robert A.		Bethesda, 1		HIC Loter	AR'S SIGNATURE

funeral director, ould be filed with completely filled in by popers. Pages 1 and 2 and in any event, within 72 haurs after death After this certificate has been signed by the attending physician and camplet hed far use as the burial-transit permit. Then please remove carban papers. may be retain. If the hargoid or attending physician.

TO FUNERAL Director: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. the State Board of Health priar to burial, crematian, ar remaval, VR A15 (4) 1SM 9/S9

within 24 hours after death. Page 4



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRES MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm ssion) ector, Page your files. If of Health, COUNTY necessary, actor, Page b. COUNT D. CITY OR TOWN (if outside corporal write RURAL and give near 1931) MARYLAND Frince c. CITY ON OWN (if outside corporate I mus, we to RURAL and C LENGTH OF STAY IN 16 d Name OF HOSP TAE OR INSTI e. IS RESIDENCE ON A FARM YES TO NO D 3. NAME OF DECEASED डे (Type or print) DEATH ia rds S. SEX 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR lest birthday) Months Doys WIDOWED [DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 11. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerordetean(Service) (1). CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Serclolin DUE TO Conditions, if only, which gave rise to immediate cause DUE TO (a), slating the underlying PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? NO A pluous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection and in my opinion Inquiry 💢 Natural causes Suicide Undetermined manner death resulted from: Accident | Homicide I forwarde L DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2 DEPUTY MEDICAL EXAMINER should | Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) 22a, BURIAL, CREMATION I 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Steta) REMOVAL (Specify) 40 6 unal FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR I VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9280

CERTIFICATE OF DEATH

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Reg. Dist. No.

place of DEATH COUNTY Montgomer	у		MAR	YLAND	New Je	ENCE (WA	ere deceased	b COUNTY		ca before od	mission)
b C TY OR TOWN (II RURAL and give no	f autside corporate limit orest lown)	ts, write	c LENGTH OF STA	Y IN 15	c. CITY OR T	OWN (IF o	ulside corpoi	rate limits, write i	RURAL and g	give nearest	town)
Bethesda	<u>.</u>		90 days		Summit					57	
OR INSTITUTION	AL (If not in hospital, g		`		d STREET A	DDRESS					RES.DENCE
The Clini	cal Center	Bet	hesda 14,	Md.	27 She	ffiel	d Roa	<u>d</u>			5 🗌 NO 📝
3. NAME OF DECEASED	Fire		Middl	_	Lost		4. DATE OF	Mo		Day	Yeor
(Type or print)	Ro		Reed			rards	DEATH	-	rust	22	1961
5. SEX			RIED I NEVER MARR		DATE OF BIRTH		.00	9 AGE (In years Last birthday)	IF UNDER		INDER 24 HRS
Male	White	WIDOWI			August 1			34 yrs.			
	ing lite, even it refired)					_		ountry)			HAT COUNTR
Contracting	FullTueer		Construction	on	14. MOTHER'S	abama				U.S.A.	•
Victor Edw	a wala					Smith					
15 WAS DECEASED EVE		CES2 14	SOCIAL SECTION NO	n 117 IN	-			ecord Add	lance		
	If yes, give war or dates of se	rvice) i.	3-26-4747		_		-	Bethesd		Marrel	and
	TH [Enler only one co				6 0771170	AL OC	211001	Denieso	14,		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)				Lauken	is ut	th ac	nte blas	tic	ONSET A	L BETWEEN
L	IMMEDIATE CAUSE (6)	cris	is	, O . I O . I	, = - tale tale	70 117		200 0240		ОУ	ears
Conditions, if or	sv. which it										
gove rise to in	nmedrate (DUE TO										
tying cause last.	the under-										
PART 11. OTH	ER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT A	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	Γ1(ο) 19. W	AS AUTOPSY
PART 11. OTH											REFORMED?
20g ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED.	. (Enter nature of	injury in P	art I or Part	II of item 18.)			
1 (MEDICAL EXAMINER)										
20c. TIME OF INJURY	Y Month, Day, Yea		NJURY OCCURRED	20e. PLA	CE OF INJURY (1 ory, street, office	tome, form,	20f. (City	or town)	(C	County)	(State)
D. Th.	19	While of wor	k ot work	1.50			1				
21. I certify the	at I attended the	deceas			1961		igust		that I i	ast saw t	he decease
alive on AU	gust 22,	126	and the	t death	accurred at	2:491	M. from	the causes	and an th	ne date si	tated abov
M	10.7/	10	4 70 1.	/	/			reel, city or town,			DATE SIGNI
SIGNATURE	D. 77.	10	rug	/N	I.D. The	linio	al Ce	nter, N	lation	al Ins	stitute
PHYSICIAN'S OTH					of He	ealth;	Beth	esda 14,	Mary.	land	
NAME (Type) U.E.	ORGE H. POF		M.D.								
220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEA					ION (City, Iown,			Stote)
Bur-Trans		1	Forest	Hill	Cemet	ery	Birmi	ingham,			
Robert A	s signature • Pumphre	v I	ADDRESS Bethesda.	Мат	rvland	240 REC'I	BY REGIST	RAR 24b REGI	STRAR'S SIG	CLAUSE CLAUSE	
	4 'T 2000 L 117 A	3 4		, ,,,,,,,,		A. THUU	E U				

within 24 hours after death. Page oupletely filled in by apers. Pages 1 and 2 D FUNERAL DIT FOR: Alther this certificate has been signed by the attending physician and damplet page 3 shauld be detached for use as the burial-transit permit. Then please remove = raban papers, the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR may be retained TO FUNERAL DIS

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEBTH USUAL RESIDENCE (Where deceased lived, If institution, Reside a. COUNTY b. COUNTY Montgomery New Jersev MARYLAND b CITY OR TOWN (foulside corporale mis. c. CITY OR TOWN (if outside corporate limits, will eRLRAL and give nearest lown) ELENGTH OF STAY IN 16 write RURAL and give nearest lown) 16 days Union Bethesda d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 2051 Pleasant Parkway The Clinical Center. Bethesda lh. Md. NO 3 3 NAME OF DECEASED 19 61 Paul Robert Eskin August (Type or print) DEATH 5. SEX 6. COLOR OR RACE | MARRIED | NEVER MARRIED TO B DATE OF BRTH IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR last birthday) White Male DIVORCED I December 10a. USUAL OCCUPATION (Give "and of work 106, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE County & State or foreign country 12. CITIZEN OF WHAT COUNTRY? U-S-A-None New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Eroncrantz Benjamin Eskin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT The Medical Records (Yes, no, or unkown) | (Ifyesgivewarordalesafservice): The Clinical Center, Bethesda lh. Maryland 1959 - 1960 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] NTERVAL BETWEEN ONSET AND DEATH Chronic Myelogenous Leukemia PART I. DEATH WAS CAUSED BY: 21 months IMMEDIATE CAUSE (a) DUE TO Congestige Heart Failure Conditions, if any, which 2 days gave rise to immediate cause DLE TO (a), stating the underlying PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18,) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 26d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) Not While at work at work p.m. certify that (I) (this hospital) attended the deceased from July 28 1961, to August 1.3 19 61 that (1) (we) last 19.61... and that death occurred at 10.20 trans causes and on the date stated above. saw/the deceased alive on AURUST 226. DATE 206. SIGNATURE 8/14/61 NED ATTENDING DIRECTOR PHYS. PHYS. 22d, ADDRESS The 22c PHYSICIAN'S Clinical Center. National Institutes of Health, Bethesda 14,

■hysician гетоуе Alle please the physic gnad burial-transit affending certificate S use feath, Paging FUNER director, page & FO VR A15 (4) 15M 9/60

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Burial-Trans 8/14/61 24 FUNERAL DIRECTOR'S SIGNATURE Pumphrey

REMOVAL (Specify)

236. SURIAL, CREMATION, | 236. DATE THEREOF

Hebrew Cemetery

23c. NAME OF CEMETERY OR CREMATORY

Bethesda. Marvland

Newark. New Jersey 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

(State)

16'61 arthur S. Heave

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral shoùld . PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased I ved, If institution, Residence belong admission) e. COUNTY New York **b.** COUNTY Montgomery by the MARYLAND b CITY OR TOWN (if outside corporate I m.ts, c, CITY OR TOWN (if outside corporate fimits, write RURAL and give neerast town) c LENGTH OF STAY IN 16 write RURAL and give nearest town! 60 days Bethesda Flushing d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, diva strael address) d STREET ADDRESS ON E FARM? The Clinical Center, Bethesda 14, Md. 141-49 70th Road, Kew Garden Hills I NO DE 3. NAME OF DECEASED Benjamin Harold (Type or print) Ezrin DEATH 1961 August carbon 9 AGE (in years IF UNDER 1 YEAR ! IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE J. MARRIED NEVER MARRIED B. DATE OF BIRTH 65 birthdey) and Male July 28, 1896 WIDOWED -10b. KND OF BUSINESS OR INDUSTRY The USUAL OCCUPATION (G ve kind of work 11. BIRTHPLACE County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Business Store Owner Russia U.S.A. 11. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Max Ezrin Anna Zirlin 15. WAS DECEASED EVER IN U.S. ARMED FORCEST | 16, SOCIAL SECURITY NO 1 17 INFORMANT The Medical Record (Yes, no, or unkown), (livesq.v.) werordetes of service) The Clinical Center, Bethesda 14, Maryland 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] 1 day DEATH WAS CAUSED BY. Terminal Cardiac Arrhythmia & Acute Renal Shutdown (N) Carcinoid Heart Disease 1 year geva rise to immediate cause DUE TO Malignant Carcinoid with (a), stehng the underlying Hepatic & Peritoneal Metastasis PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Arteriosclerosis & Arteriosclerotic Heart Disease YES DE NO 206. ACCIDENT WAS UNDERLYING]
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Pert I or Pert II of item 18.) 20c TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED , 20s. PLACE OF INJURY (Home, form, . 201. City or town! (County) (Stete) factory, street, office bldg., etc.) Not While et work 21. I certify that the (this hospital) attended the deceased from June 13 1961 to August 12., 1961, that 4) (we) last saw the deceased alive on. August 12, 19, 61, and that death occurred al:10RM from the causes and on the date stated above 22b. DATE 22e SIGNATURE ATTENDING SIGNED O. W. m. Bride PHYS. IK DIRECTOR PHYS, HOSPITAL leath, Page y 22c PHYSICIAN'S 22d ADDRESS The Clinical Center, National NAME (Type) O. Wesley McBride, M.D. Institutes of Health, Bethesda 14, Md. 236. BURIAL, CREMATION | 236. DATE THEREOF 1 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) BUREMPYAT (Specify) Cedar Park Paramus, New Jersey 0 250. ALS W REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey Bethesda, Md. 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9283

09274

N A 1	- ALLES OF BOARD	
IVI)	1. PLACE OF DEATH O. COUNTY MONTGOMERY	USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) STATE B COUNTY
	b. CITY OR TOWN (If outside/corporate limits, wifte RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
-1-	KensingTON 32 days	WASHING TON, D.C.
OMO	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1500-MASS. AUE. IV. W. ON A FARM?
- 14	Kensington GARGENS SAN.	· · · · · · · · · · · · · · · · · · ·
T	3. NAME OF First Middle DECEASED.	Last 4. DATE Month Doy Year
F	(Type or print) // A GARCE / MARRIED NEVER MARRIED	DEATH DE
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min.
	190 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	
	during most of work no life, even if set red	BUFFALO, N.V. 715A
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Unknown	Unknown
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 II	NFORMANT Address 1/a/10 to TF 40 to Co
	(Yes, no, or unknown) (If yes, give war or dates of service)	R. NAT. C. HODG DON 750) NOLIDAY TERRACE
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: UCute Kenal	Harry Heart ONSET AND DEATH
	DUE TO	2 - 1 Hashure
	Conditions, if any, which) a Lengthalized	Water Belonding
	gove rise to immediate couse (a), stating the under.	
	lying couse lost.	
-4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
(,	POST PROSTHERS RUN	At His Dulcalila Fraction Is I NO I
	TO ACCIDENT WAS INDEPLYING IT 206 DESCRIBE HOW BRILLIPY OCCUPAN	D (Enter noture of injury in Port , or Part I, of item 18)
	(IF EITHER, NOTIFY MED CAL EXAMINER) TYACKUTE A	Huntrom Jall Wash DC.
	[조] 발하고 == = = = =	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
	Hour am. april 2/196 While Not while of work of work	tome. Wash DC.
	21 I certify that (I) (this hospital) attended the deceased from.	1951, to ling 25 , 196 , that (1) (we) last
To the second		death accurred at 25M, fram the causes and an the date stated above
A	220 SIGNATURE	ATTENDING MED STAFF SIGNED
	22c. PHYSICIAN'S	M.D., PHYS. DIRECTOR PHYS D
	NAME (Type) SR I.S. GRISOFF	4500 Conn lial
	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d, LOCATION (City, fown, or county) (Stote)
	removal (Specify) cremation 8/31/61 Ft. Linco	In Crematory Prince Georges Md
	24 FUNERAL DIRECTOR'S SIGNATURE 2901 ABDRESS h St	NT W 250 RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	The S.H. Hines Co. Washington 9.	D.C. DATE CITTING S. THAMA

within 24 haurs after death. Page 4

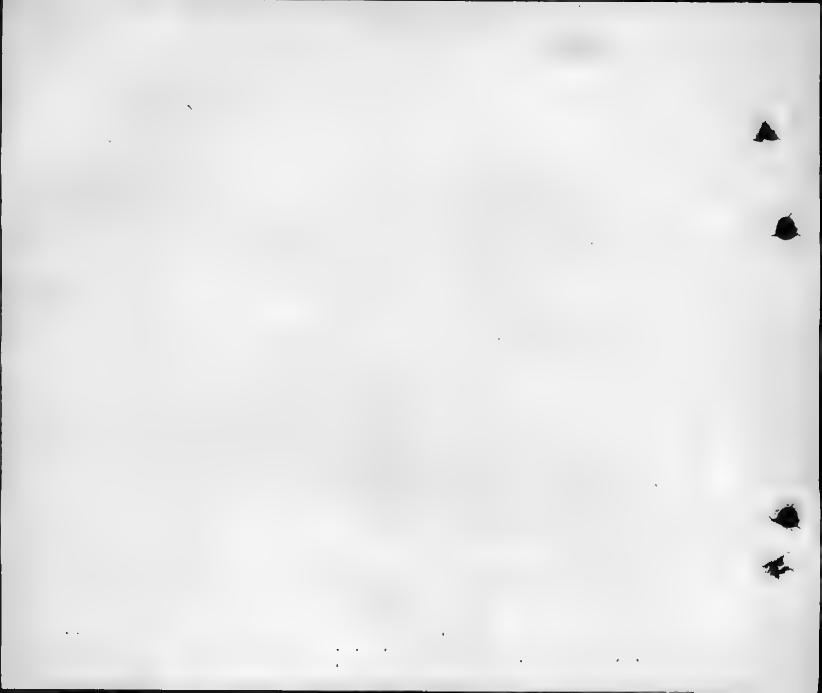
funeral director, hould be filled with

may be revaired by the hand of an attending physician.

TO FUNERAL DIRACTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit purmit. Then please remaye carban papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death.

PHYSICIAN: The law requires that the death certificate be ex TO HOSPITAL OR

VR A15 (4) 15M 9/59



15M 9/60

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9284 CERTIFICATE OF DEATH

()9275

l i	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, finstitution; Residence before admission) a COUNTY
	MONTGOMERY MARYLAND ". STATE ARYLAND ". COUNTY MONTGOMERY
	b CITY OR TOWN (if outside corporate Lights, c. LENGTH OF STAY IN 16 g. CITY OR TOWN (if outside corporate I'm is, write RURAL and give neerest town)
	writa RURAL end give neerest town) 5/LVER SPRING 22 YRS, X SILVER SPRING.
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS e. 15 RESIDENCE
	10808 BREEWOOD RD. 10808 BREEWOOD RD. YEST NO TO
3.	NAME OF First Middle Last 4. DATE Month Day Year
	TYPE OF PETEL FRANK - FERRARA DEATH AUGUST 10 19 61
5	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (th years IF UNDER 1 YEAR IF UNDER 24 HRS.
	The state of the s
1/	De. USUAL OCCUPATION (G've kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11, BIRTHPLACE, County & State, or foreign country) 12. C.TIZEN OF WHAT COUNTRY?
	De. USUAL OCCUPATION (G've kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE , County & State, or foreign country) 12. C.TIZEN OF WHAT COUNTRY? (In grant of working life, even if retired)
	KETIRED LABORER
18	3. FATHER'S NAME
١.	GIUSEPPE FERRARA NOT KNOWN.
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es., no., of unknown) (if yes give were redetes of service)
	NO THEX FERRARA 10808 BREEWOODA
	18. CRUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONGESTIVE HEART FAILURE 5 DAYS
	DUETO
	conditions, if any, which I ARTERIOSCLEROTYC CARDIOVASCULAR DISONSE 2+ YRS
	geve rise to immediate course
	(e), slefting the underlying course lest.
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8 19. WAS AUTOPSY
101	"PLEURISY" - 5 IN ECKS PREVIOUSLY YES NO
DEI CHE	2Dx ACCIDENT WAS UNDER YING (1 206 DESCRIBE HOW INJURY OCCURED, littler private of in Livy in Pert Lor Pert II of User 18 1
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	Hour am. While Not While leetowy.street_office bldg _etc.)
3	D. 17 1 2 2 1
	21. I certify that (I) (this hospital) attended the deceased from AUG - 1.0, 1961, to AUG - 1.0, 1961, that (I) (1) less
	saw the deceased alive on A4.6/0,196 (., and that death occurred a5
	220. SIGNATURE Lene 1. Chen Mod. ATTENDING MED. STAFF DIRECTOR PHYS DIRECTOR PHYS DIRECTOR D
	122c. PHYSICIAN'S NAME (TYPO) GENE U. COHEN M.D 931 PERSIYWE DR. SILVER STRING
_	- FATO
23	38. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)
B	urial 8/14/61 Gate of Heaven Cemetery Montgomery County, Maryland -
2.	HUNERAL DIECTOR'S SIGNATURE ZISCIAL LOCATION MARYLAND 256. AIGH BY REGISTRAR'S SIGNATURE
W.	arner E. Pumphrey, Inc. 8434 Georgia Avenue DATE Cuthun & King



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9285	CERTIFICATE	OF DEATH
リンスト	CEKIII ICATE	OI DEALI

Reg. Dist. No. 09275

		- VI-UI				17.	all mine in		
	1, PLACE OF DEATH o. COUNTY Me	ontgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o STATE MATYLAND b. COUNTY MANKENBERY C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					
	b. CITY OR TOWN (I	outside corporate limits, wri	c LENGTH OF STAY IN 16						
	RURAL ond give no Betheso	da		Bethes	da			*	
I	d. NAME OF HOSPITAL (ill not in hospital, give street address) OR INSTITUTION Resmor Sanitarium			d STREET ADDRESS				. IS RESIDENCE	
				5915 Sonoma Road				YES NO IS	
	3. NAME OF	First	Middle	lost	4. DATE	Month			
	(Type or print)	Arthu	r W.	FERRIN	OF DEATH	80	1	0 1961	
	5. SEX MALE	WHITE WID		5/8/63	9		3 Doys	R IF UNDER 24 HRS. Hours Min.	
	10a. USUAL OCCUPATION during most of work	ON (Give kind of work done lyng life, even if retired)	106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)		12 CITIZEN	OF WHAT COUNTRY	
	Retired		Retired	New Hampshire			USA		
V	13. FATHER'S NAME			14 MOTHER'S MAIDEN NAME					
	(Unknor	m) Ferr	in	Unknown					
4	15 WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO 17	17 INFORMANT Address					
	No 214-18-8580 John A. Carlson-Friend-same 2d								
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]							TERVAL BETWEEN ISET AND DEATH	
	PART I. DEATH WAS CAUSED BY: NATURAL CAUSES								
	Conditions if one which a CORONARY				LUSIC			2-1-	
	Conditions, if o		COHONAK	y occ	L 0 8/6	, /\/		2 days	
	couse (a), stating								
	Jying couse fost. (c) (c) Part OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY								
ı	PART II OTH	HER SIGNIFICANT CONDITIC	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN	IN PART 1(o)	PERFORMED? YES NO 🔀	
				ACE OF INJURY (Hame, form		1)	(County) (Stole)	
	Hour e.m. While Not while factory, street, affice bldg., etc.) p, m, 19 of work of ol work 19 of work 1								
	0./0-//								
	alive on	21. I certify that I attended the deceased from 19.01, to 9/10, to 19.61, that I last saw the deceased							
	alive an 9/9, 196/, and that death accurred at 2 PM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DAYE SIGNED								
	ACTUAL OX Marke 306 / 2000 Co							8110K	
	SIGNATURE	-		M.D	Lasera	Proven		9/7/01	
	PHYSICIAN'S NAME (Type)	I.L. MA	RKS	U EC	ry Ch.	Ros 1	5 14	d.	
	220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	728 LOCATION IC	ly town, or c	ounly)	(Stole)	
	Cremati	on 8/16/61	Cedar Hill	Crematory	Suitl	and.	Maryla	and	
	23. FUNERAL DIRECTOR		ADDRESS	240. REC'I		246. REGISTRA	AR'S SIGNATU	JRE	
	Robert	A. Pumphre	y Bethesda, N	larylandore AL	G 1 8 '61				



DIVISION OF STATISTICAL RESEAR W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence Defore admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery b. CITY OR TOWN (fours da corporata limits, MARYLAND Marvland e. LENGTH OF STAY IN 15 c. CITY OR TOWN (if pulside corporate limits, write RURAL and give neeres) town) write RURAL and give nearest town] Rethesda Bethesda d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 7606 Arnet Lane 7606 Arnet Lane YES INO 3. NAME OF Middle DATE Month Year DECEASED (Typa or print) ROSE FI.TNT DEATH Η. August 28. 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years LIF UNDER 1 YEAR IF LINDER 24 HRS. B. DATE OF BIRTH last birthday) July 6, WIDOWED -DIVORCED [remale 10a. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY 11, BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Newport, Rhode Island Housewife 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Joseph F. Howard Adelaide Kenworthy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) [(If yas give war or detas of sarvice) John L. Hoen, sone-in-law-same 2d 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** enoselepoin Generalized Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying PART IL OTHER SIGN F CANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19 WAS ALTOPSY 20a ACCIDENT WAS LABERLYING | 20b. DESCRIBE HOW IN. URY OCCURED. (Enter nature of noury in Part I of Part II of Itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. NJURY OCCURRED 2De. PLACE OF NJURY (Home, ferm : 20f (City or town (County) factory, street, office bldg., etc.) Whila Not While at work at work 199/ 100 /. (e. l..., 19, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. ... 19 e. ... , and / hat death occured at 2. saw thendeceased alive on. 22a. STGNATURE SIGNED DIRECTOR PHYS. 8-28-61 22c PHYSICIAN S Conn. Ave., N.W., Washington, 23d. LOCATION (City, fown or county) , 23c. NAME OF CEMETERY OR CREMATORY GRIAL CREMATION 236 DATE THEREOF REMOYAL (Specify) Providence, Rhode Island Swan Point Cemetery 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethesda, Maryland DATE SEP 1 Cirthur & Hours

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physic

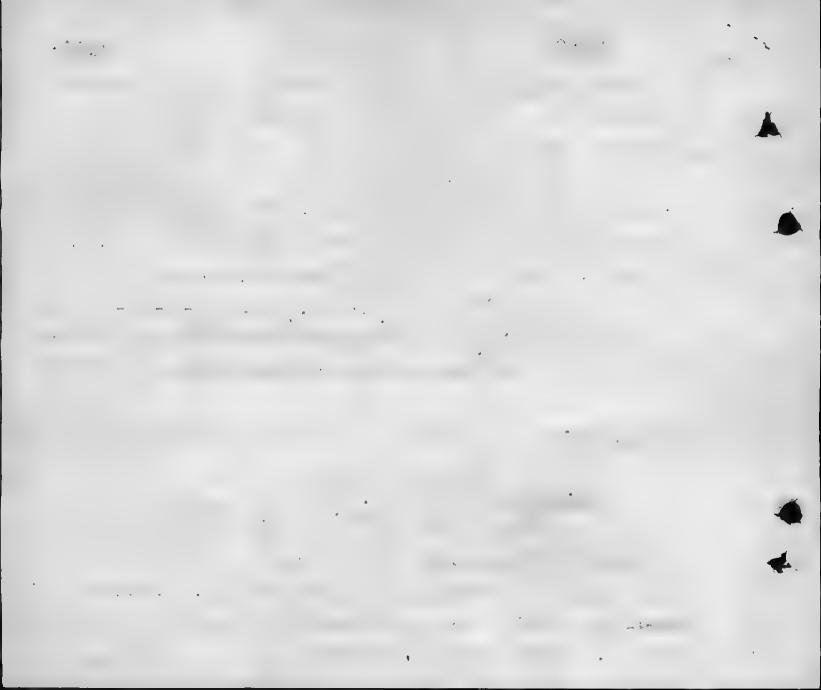
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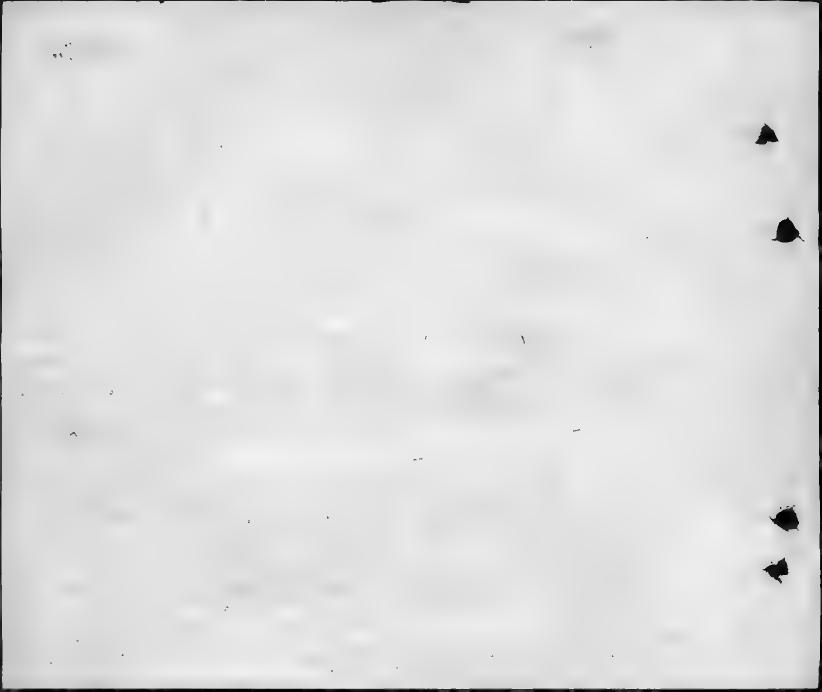
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REET. BALTIMORE 1. MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased I ved, if institution, Residence a. COUNTY MARYLAND CITY OR TOWN (if outside oprporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outlinde corporate limits, write RURAL and give nearest oma NAME OF HOSPITA OR INSTITUTION ON A FARM? YES NO Z NAME OF DECEASED OF Type or printl 7000 DEATH 196/ 6. COLOR OR RACE IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Doys House WIDOWED D VORCED 6 USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? e during most of working life, even if retired) S. CL 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1. 17 Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) record 18. CAUSE OF DEATH [Enter only one cause per the for (a), (b), and ,c INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Severe ulmonary Atelectasis & Insufficiency-IMMEDIATE CAUSE (a) ral Hydrothorax + Mcites noma Breast right & generalized (a), stelling the underlying inomatosis couse lest, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBLENG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Iam 18.) 206. ACC DENT WAS UNDERLYING FT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home farm, 20f. (City or town) (County) (Stele) factory, street, office bldg , etc.) While Not Whila Hour a.m. at work al work 21. I certify that (1) (this hospital) attended the deceased from Oscia. 19 **4**], to...... 19.6/.., and that death occured at 9.4.M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a, SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 23a, BURIAL CONTRONS 23b. DATE THEREOI 23d. LOCATION (City, fown or county) NAME OF CEMETERY OR CREMATORY DREGOVALY (Specify) 8/18/61 Arlington National Cemetery Arlington, Virginia 258 RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 8434 Georgia Avenue

Spring. Md.



funeral 24 hours after within completely pue Гещоуе please signed attending peen hais ò certificate 8 esn leath. Page A FO

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased Lived, if Institution) has dence before admiss on I. PLACE OF DEATH a. COUNTY District of Columbia Montgomery MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 15 c CITY OR FOWN (If outside corporele limits, write RURAL end give neerest town) write RURAL and give nearest town) Bethesda (Rural) Washington 36 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospile), give street eddress) d STREET ADDRESS 5367 Blaine Street, N. E. YES NO X U. S. Naval Hospital 3. NAME OF Forst M ddle 4. DATE Month DECEASED (Type or print) DEATH Fonville Benjamin Jerome August 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE in years | If UNDER 1 YEAR | B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Male Negro WIDOWED -DIVORCED 10a. USUAL OCCUPATION Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE [County & State, or loreign country] 112. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA U. S. Government North Carolina Analytic statistician 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Benjamin S. Fonville Lillian Holden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17 INFORMANT Address Yes, no, or unknwn] [[fyesgivewerordetesofservice] (W) Mrs. Olga V. Fonville same as #2 above 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and ,c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) **DUE TO** [b] DUE TO nneumonia 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I, of item 18.) Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) lectory, street, office bldg., etc.) Not While Hour n.m. at work et work

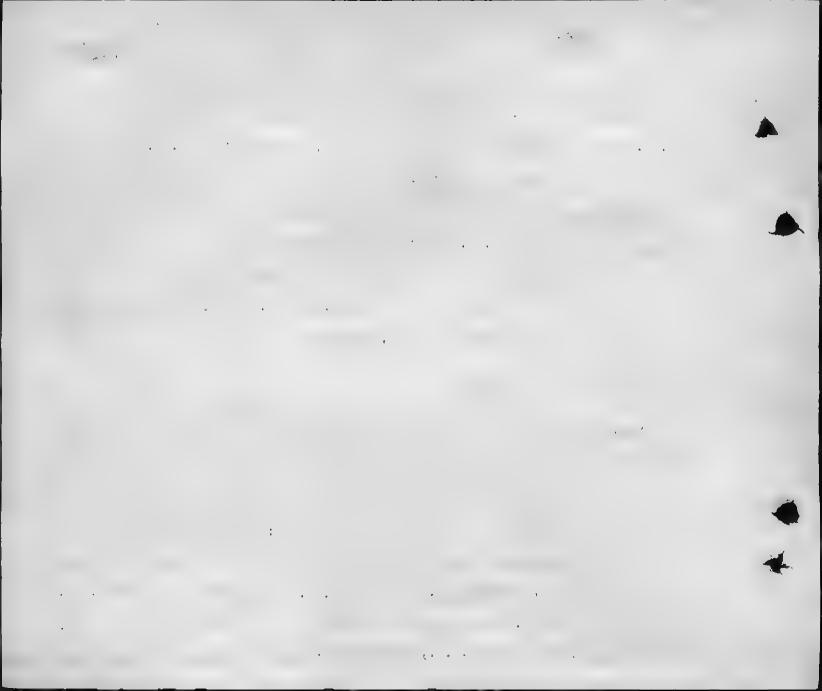
15 RESIDENCE ON A FARM?

Year

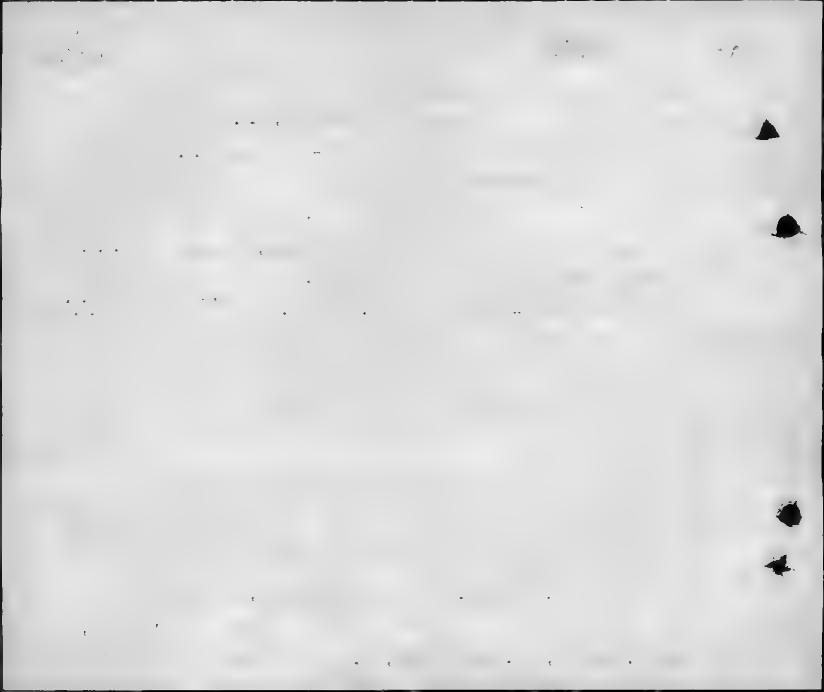
1961

Conditions, if eny, which gave rise to immediate cause (e), sleting the underlying cause lest. PART & OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES Y NO 20. ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH

[IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY (State) to .. August. 25 1961, that (X (we) last saw the deceased alive on August 25. ... 1961 ... and that death occured al.2:00. From the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING MED PHYS. XI August 25, 96I PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN W. BRACKETT, JR. LT MC USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) August Arlington National Arlington Rurial 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNI H St.N.E., Washington, D. Coale Home, 30 arthur & Kenses



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where daceased I ved, If institution, Rasiltence below 1. PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY by the and 2 death. MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outs de corporele im ts, write RURAL end give naerest town) E LENGTH OF STAY IN 16 write RURAL and give neerest town) Washington, D.C. Ednor Two months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital ig ve street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4 0 YES NO Relmont Nursing Home 7001 - 31st Street letely papers. n 72 ho 3 NAME OF 4. DATE DECEASED OF (Type or print) DEATH 21 1961 Mary Elizabeth Foright August carbon 6. COLOR OR RACE 7. MARR ED THEVER MARRIED 9. AGE In years IF UNDER 1 YEAR! IF UNDER 24 HRS. 8. DATE OF BRTH last birthday) (Months Days and Hours W DOWED TO DIVORCED Female 85 July 22. 1876 100. USUAL OCCUPATION (Give kind of work | 10b. KND OF BUSINESS OR NOUSTRY II, BIRTHPLACE County & State, or foraign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physi Own Home U.S.A. Homemaker Kopkinsville Kentucky 13. FATHER'S NAME Itending pl Thomas Edmonson Mary E. Thacker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Addrass (Yes, no, or unkown) | (Ifyesgivawarordatasofservica) 700/ -31st Street N.W. Washington D.C. Mrs. Evelyn M. Shah Φ None permit. ig physician. 18 CAUSE OF DEATH [Enler only one cause per line for ,e), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) cremation, has been signe e burial-transit **BUE TO** altending Conditions fany, which (6) gava risa to immadiata causa DUE TO (a), stating the underlying certificate has bor use as the bur prior to burial, PART II. OTHER SIGN, F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY hospital PERFORMED? NO . prior TO ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) Health (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED , 20e. PLACE OF INJURY [Home, farm, , 20f. (City or town) (County) (State) factory, straat, office bidg., etc.) Not While While Hour a.m. at work at work p.m. saw the deceased alive oh. 22a STENATURE DATE ATTENDING STAFF SIGNID death. Page.
TO FUNERALL director, par. DIRECTOR PHYS. 22c PHYTICIAN S ADDRESS 'Sandyspring, Maryland 1 23d LOCATION (City, town or equity) 23c. NAME OF CEMETERY OR CREMATORY (Statu) 23a, BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Ruria] Cedar Hill Cemetery Prince George's County, Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** arner E. 8434 Ceorgia Avenue DATE AUG 2 5 '61 Pumphrey, arthur & House 15M 9/60 Inc. Silver Spring, Md.



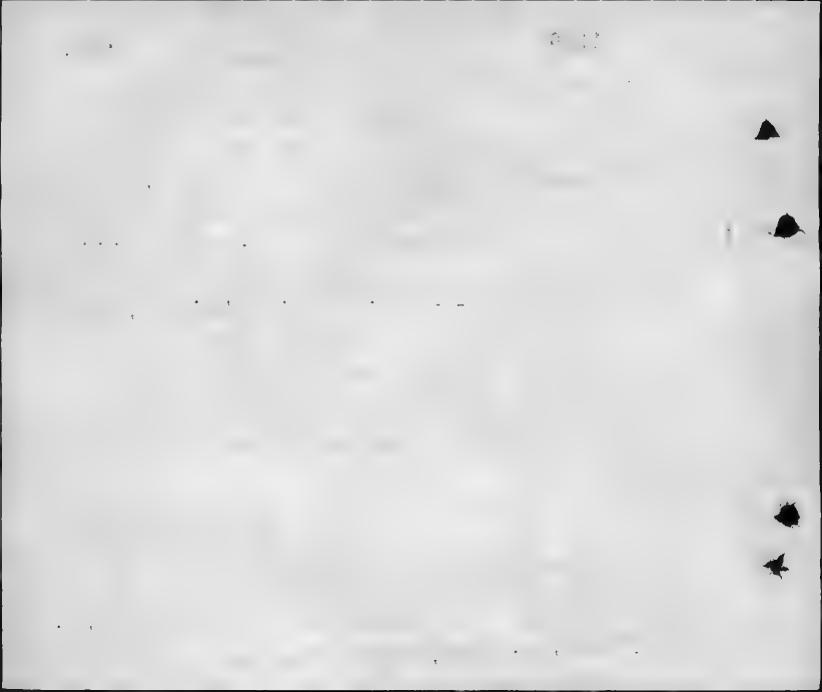
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1929 CERTIFICATE OF DEATH

1		UAL RESIDENCE (Where decassed lived, If institution, Residence before edmission)
J	V - stry	Maryland Montgomery
1	write KUKAL end give neerest fown)	Maryland Montgottery On TOWN (If outside corporate I mits, write RURAL and give neerest town)
١	Takoma Park Schaup	Silver Spring
7		TREET ADDRESS It is residence on a farm?
	Washington Sanitarium & Hospital 7966	Woodbury Brive YES NO X
	(Type or pr n) RAYMOND Cliston Fuea.	S S DEATH August 8. 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR ED 8. DATE C	PERTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthdey) Months Deys Hours M.n.
	Male White WIDOWED DIVORCED /2-	7-78 62 yrs. 8 15
	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RTHPLACE (County & Steta, or foreign country) 12, CITIZEN OF WHAT COUNTRY?
4	/ * * * * * * * * * * * * * * * * * * *	ntgomery Co. Maryland U.S.A. THER'S MAIDEN NAME
	Samuel Allen Freas E	lizabeth Hayes
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORM (Yes, no, or unknown) (If yes give were detes of service) 214-03-8610 Mr. Ray	mond C. Freas, Jr. 2936 Marlow Road
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	Silver Spring, Maryland
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) CONCLUDE CONCLU	Thrombour ONSET AND DEATH
	3378	A 4
ı	Conditions, if any, which (b) Osterio - Se	leroses
	geve rise to Immediate cause	
ı	[e), steting the underlying course lest.	
	PART II OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6) 19. WAS AUTOPSY PERFORMED?
1		YES NO
	PART II OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATE 20 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURED. Enter IN OR CONTRIBUTING CAUSE OF DEATH 10 (IF ETHER, NOTIFY MEDICAL EXAMINE)	sture of in ury in Part I or Pert I of Itam 18 ,
		JURY (Home, farm, 20f. (City or town) (County) (Steta)
	20c. TIME OF INJURY Month Day, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF IN Hour a.m., Whita Not White factory, street of work st work	, office bldg., etc.)
	21. certify that (I) (this hospital) attended the deceased from	5, 1961, to
	saw the deceased alive on	occured at 2.3 %, from the causes and on the date stated above.
	22e. SIGNATURE	Z2b DATE SIGNED SIGNED
	MO PH	'S DIRECTOR PHYS.
	22c. PHYSICIAN'S A. B. LITTLE 22c. NAME (Type) A. B. LITTLE	911 5th Anw Ward 12 OC
1	236. BURIAL, CREMATION, 236 DATE THEREOF 236. NAME OF CEMETERY OR CREM	ATORY 23d. LOCATION (City, town or county) (State)
)	BURIAL (Spacify) 8/11/61 George Washington	Cemetery Prince Georges County, Md.
100	A PUNIS A DIRECTORY PICKETURE	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
ľ	Varner E. Pumphrey, Inc. 8434 Georgia Avenue Silver Spring, Maryland	DAKUG 11 '61 Circlus S. Krous



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Maryland b. CITY OR TOWN [if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give naerast town) Bethesda (Rural 2 days Rockville d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO 💀 U. S. Naval Hospital Monroe St. 4 3. NAME OF Middle 4. DATE Manth Yeer DECEASED OF (Type or print) GARGES DEATH 10 19 61 August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH 19. AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX and last birthday) Caucasian | WIDOWED | češ DIVORCED Unknown iDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Slata, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) Infant physik any Bethesda, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleale attending | and Daniel Tyler Garges Margaret Ann Duncan 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT levor, (Yas, no, or unknown) | (Ifyes give war or dates of sarvica) No (F) Daniel T. Garges same as #2 above 0 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for ,a), (b), and (c)] þ ONSET AND DEATH g physicia signed by PART 1, DEATH WAS CAUSED BY: PLE CONGENITAL ANOMALIES IMMEDIATE CAUSE (a) **burial-transit DUE TO** Conditions, if any, which been gava rise to immediate couse DUE TO (a), stating the underlying has 0 PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? YES X NO 1 certifi 050 20a ACCIDENT WAS UNDERLYING | 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Port II of Item 18) ᆸ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e PEACE OF INJURY (Homa, farm, 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Year (County) factory, streat, office bldo., atc.) While Not While Hour a.m. at work at work August 1961 to August 10, 19 61 that (A) (we) last 21. I certify that OK (this hospital) attended the deceased from.1961. .., and that death occured at 7:227, from the causes and on the date stated above. saw the deceased alive on AURUST 22 SIGNATURE 22b. DATE SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS. August HOSPITA, death. Page irector, page AL D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) JAMES U. S. Naval Hospital, Bethesda, Md. 23d. LOCATION (City, town or county) (Stata) 230. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) August ã ở g Arlington National Arlington Va Burial 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRES VR A15 [4] Living S. Kraus Tyson Wheeler, Rockville, Md. 15M 9/60

attending

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hospital

ARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR AT DING PHYSICIAN: The law Equires that the death certified within 24 hours after death. Page fray be executed within 24 hours after death. Page fray be and by the strending physician.

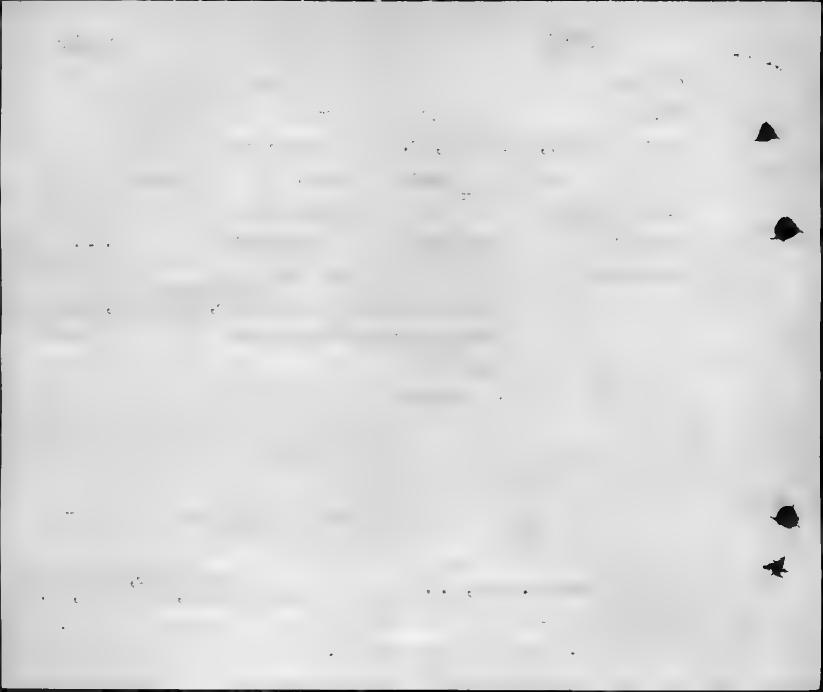
CO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in by the fundal circuit, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Prest I and 2, should be detached for use as the burial-transit permit. Then please remove carbon papers. Prest I and 2, should be detached for use as the burial-transit permit. Then please remove carbon papers. Prest I and 2, should be detached for use as the burial-transit permit.

VR A15 [4] 15≡ 9/60 15

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 19292 CERTIFICATE OF DEATH

1			- · · · · · · · · · · · · · · · · · · ·	\ YA Us
10	PLACE OF DEATH		2. USUAL RESIDENCE (Where decease	ed lived. If institution: Residence before admission)
N	Montgomery	MARYLAND	Pělát sylvania	b, COUNTY
_	b. CITY OR TOWN (if oulside corporeta im ts,	c. LENGTH OF STAY IN 16	[l'mits, write RURAL and give neerest town)
E	write RURAL and give nearest town)	4 days	Scranton	* T
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pila , give street address)	d STREET ADDRESS	. IS RESIDENCE
Th	ne Clinical Center, Bethes	da 14. Md.	415 Arthur Avenue	ON A FARM? YES NO
	NAME OF First	M dd!+	lest 4, DATE	Month Day Year
	(Type or print) John	Francis	Gibbons OF DEATH	August 7 1961
5	SEX 6 COLOR OR RACE 7. MARRIE	D NEVER MARRIED 1 8		GE (n years IF UNDER I YEAR IF UNDER 24 HRS
N	Male White WIDOWE		August 26, 1905 5	birthdey) Months Deys Hours Min.
104	JSUAL OCCUPATION (G ve kind of work 10b. K	The Control of the Co	Y II. BRTHPLACE (County & State or for)	gn country) 12 CITIZEN OF WHAT COUNTRY?
	one during most of working tife, even if retired) A	ccounting	Pennsylvania	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
) J	John Gibbons		Anna McGuire	
15.	WAS DECEASED EVER IN U.S ARMED FORCES? 16	SOCIAL SECURTY NO. 17 1	NFORMANT The Medical I	lecord
1 1 2 2				Bethesda 14, Maryland
	16 CAUSE OF DEATH [Enter only one couse per !		,	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: Prob	able Septicemi	a with hypotension	ONSET AND DEATH
	2 / 1 @ DUFTO			
		l Failure		7 days
	gave rise to immediate cause			7)
		e leukemia		6 months
Z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CON	
¥				PERFORMED?
1 <				I ES NO LAI
IFICA		CRIBE HOW INJURY OCCURED	(Enter neture of in ury in Part I or Part I' of	
CERTIFICA	2Do. ACCIDENT WAS UNDERLYING 2Db. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER),	CRIBE HOW INJURY OCCURED	(Enter neture of in ury in Part I or Part I of	
CAL CERTIFICA	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED 206. PLA	ACE OF INJURY (Home ferm, 20f. (City or t	iem 18.)
3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d Hour *.m. 20d	INJURY OCCURRED 206. PLA		iem 18.)
MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d Hour a.m. p.m. 19 et wor	INJURY OCCURRED 206. PLA e Not While fact tk all work	CE OF INJURY (Home ferm, 20f. (City or fory, street, office bldg., etc.)	own) (County) (State)
3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dey, Yeer 20d While P.m. 19 et wor 21. 1 certify that (f) (this hospital) attentions	INJURY OCCURRED 20e. PLA b Not While fact k al work deceased from	August 3, 19 61 to	own) (County) (State) Lugust
3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d Hour a.m. p.m. 19 et wor	INJURY OCCURRED 20e. PLA b Not While fact k al work deceased from	August 3, 19 61 to	own) (County) (State) Lugust 7, 1961, that (we) last a causes and on the date stated above.
3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dey, Year While thour a.m. p.m. 19 et wor 21. I cartify that Af (this hospital) attentions saw the deceased alive on August. 22e. SIGNATURE	Not While the lawork ded the deceased from	August 3, 19 61 to Adeath occured at 5:20 Med.	(County) (State) Lugust 7, 1961, that 🗷 (we) last e causes and on the date stated above. 22b. DATE SIGNED
3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dey, Year 20d Hour a.m. p.m. 19 while st wor 21. I cartify that Af (this hospital) attentions the deceased alive on August. 7 22e. SIGNATURE.	Not While the lawork ded the deceased from	August 3 19 61 to death occured at 5:2MP from the phys director Attending director Attending director Attending director Attending director	(State) Lugust7, 1961, that (we) last a causes and on the date stated above. 22b. DATE SIGNED HYS. 28 8/7/61
3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dey, Yeer While of work p.m. 19 21. I certify that (If (this hospital) attentions the deceased alive on August. 7 22e. SIGNATURE	Not While the lawork 200. PLA fact the lawork ded the deceased from	August 3 19 61 to 4 death occured at 5:20P from th	county) (State) Lugust7, 1961, that © (we) last a causes and on the date stated above. 22b. DATE SIGNED AT COUNTY SIGNED AT COUNTY SIGNED AT COUNTY SIGNED AT COUNTY SIGNED
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dey, Yeer While of work 19	Not While all work ded the deceased from 19.61, and that M.D.	August 3 19 61 to death occured at 5:20 Mom th	(State) Lugust7, 1961, that (we) last a causes and on the date stated above. 22b. DATE SIGNED HYS. 28 8/7/61
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dey, Yeer While Hour e.m. 19 21. I certify that Af (this hospital) attentions to the deceased alive on August. 7 22c. PHYSICIAN'S NAME (Type) Robert H. Levi	Not While all work ded the deceased from. 19.61, and that M. M.D. 1232 NAME OF CEMETERY	August 3 19 61 to 4 death occured at 5:20P from th ATTENDING MED. 22d. ADDRESS THE Clinical Corrections of Heal Or CREMATORY 23d. LOCATIO	county) (State) Lugust .7., 1961, that © (we) last a causes and on the date stated above. 226. DATE SIGNED AT COUNTY SIGNED
WEDICAL 33.0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dey, Yeer While Hour e.m., 19 21. I certify that Of (this hospital) attended to the saw the deceased alive on August. 7 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Robert H. Levi BURIAL, CREMAT ON, 23b DATE THEREOF 1 BURIAL, CREMAT ON, 23b DATE THEREOF 1 FUNERAL DIRECTOR'S SIGNATURE	Not While all work ded the deceased from. 19.61, and that 19.81 NAME OF CEMETERY Cathedr	August 3. 19 61 to Adeath occured at 5:20 Memory of Phys. Director From the Clinical Cal Cemetery Scral Cemeter	county) (State) Lugust
WEDICAL 33.0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dey, Yeer While of work 19	Not While all work ded the deceased from. 19.61, and that 19.81 NAME OF CEMETERY Cathedr	August 3. 19 61 to Adeath occured at 5:20 Memory of Phys. Director From the Clinical Cal Cemetery Scral Cemeter	(County) (State) Lugust7, 1961, that (We) last a causes and on the date stated above. 22b. DATE SIGNED ALCONTON (State) Lth, Bethesda 11, Md. (State) (City, town or county) (State)



TO HOSPITAL OR A. IDING ***INTELIAN: The law requires that the death cert is be executed within 24 hours after death. Page has be executed within 24 hours after death. Page has been signed by the strength of the funeral in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please force action papers. Heges 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

(132 × 4) CERTIFICATE OF DEATH

_		CERTIFICATE OF DEATH	11000
A	1. PLACE OF DEATH	2. USUAL RESIDENCE [Where deceased lived,	If institutions Residence before edmission)
٧IJ	. county Montgomery	MARYLAND 6. STATE Maryland b. CO	Montgomery
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, wi	rile RURAL and give nearest town)
	Chevy Chase	5/ Chevy Chase	
V	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitel, give street eddress) d. STREET ADDRESS	e, 15 RESIDENCE ON A FARM?
\wedge	8018 Glendale Rd.	8018 Glendale Road	YES NO 🔀
	3. NAME OF First DECEASED	Middle Lasi 4. DATE Moi	rih Dey Yeer
	(Type of pr nt) LORETTO	S. GIBNEY DEATH Aug	. 30, 19 6L _
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B. DATE OF BIRTH 9 AGE (In year lest birthdey	TS IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
	Female White WIDOWE		Mogths Bys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. K done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country	
)	Housewife	Illinois	USA
	13. FATHER'S MAME	14. MOTHER'S MAIDEN NAME	
	Mark L. Salamon=	Mary Leddy	
	15. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. [Yes, no, or unknown] [lifyesgivewerordelesofservice]		
		None Lorraine G. Swagart-dau	ighter-same 2d
	18. CAUSE OF DEATH [Enter only one couse per	me for (a , b), end (c),]	I INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) COR	LONARY THROMBUSIS	10 MINUTE
	() O DUE TO		
		TERIOSCLEROTIC HEART DISEASE	10 yRs _
	geve rise to immediate cause (a), stating the underlying DUE TO		
	ceuse lest. (c)		
	PART I. OTHER SIGNIF CANT CONDITIONS COM	NTR SLTING TO DEATH SLT NOT RELATED TO THE TERMINAL DISEASE CONDITION O	SIVEN IN PART 1,6) 19 WAS AUTOPSY PERFORMED?
	3 INVALID & MULTIP	LE SCLEROSIS 18 YES	AE2 🔲 NO 🔀
71	200 ACC DENT WAS UNDERLYING 206, DES	CRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 1B.)	
1.1	OR CONTRIBUTING CAUSE OF DEATH		
	I ≅ I	INJURY OCCURRED 20%, PLACE OF INJURY (Home, ferm, 20f. (City or lown) fectory, street, office bldg., etc.)	(County) (State)
	Hour e.m., 19 et wor		
	21. I certify that (I) (this hospital) atten	ded the deceased from Work 8, 1961, to Cure	30, 19 C, that (I) (we) last
	saw the deceased alive on Claure	1967, and that deally occured at 5.5% Holin the cause	is and on the date stated above
	22e, SIGNATURE	ATTENDING MED. STAFF	225. DATE 225. DATE
	Ou do ora	MD PHYS. DIRECTOR PHYS	8-30-61 SIGNED
- 1	22c, PHYS CIAN'S NAME (Type) TO TO TO NOT	22d ADDRESS	Palhanda No
	TEO I. DONO		re., Dethesda, Md.
	23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City	town or county) (State)
	Burial 9/2/61		ester, Penna.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 256 REC'D BY REGISTRAR 256.	
	Robert A. Pumphrey B	ethesda, Maryland DATE 🗫 5 '61	arthur S. Krue

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F-7

hours

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in by the funeral after death

be executed within 24 hours after IO HOSPITA RAI DING PHYSICIAN: The law requires that the death cert's be executed will death. Page tay be in and by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and mompletally filed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pier be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 22 hours. MARYLAND STATE DEPARTMENT OF HEALTH

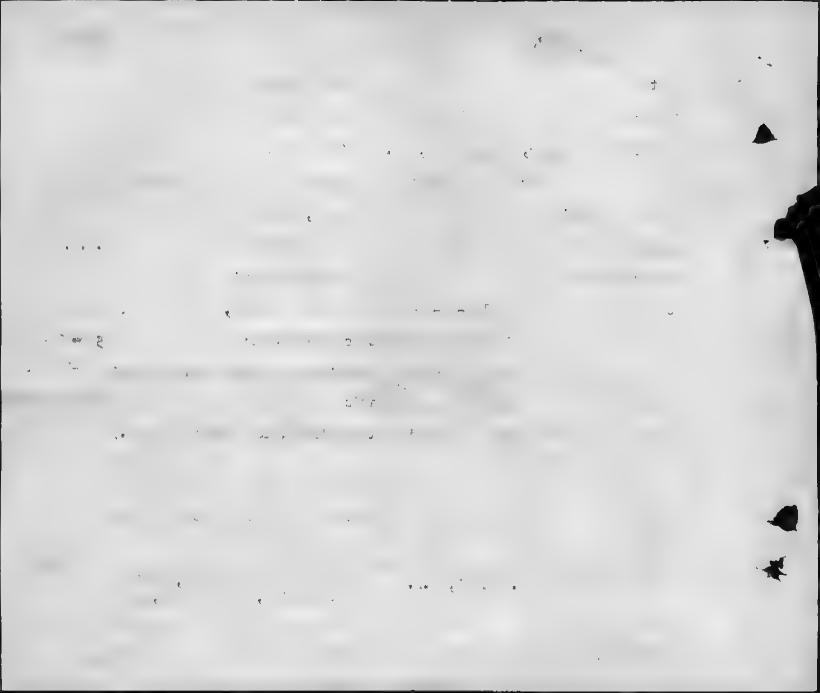
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3294 CERTIFICATE OF DEATH 09285

N	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived,	
1	a. COUNTY		e. STATE New York b. co	YTAU
1	b. CITY OR TOWN (if outside corporata l.mits,	c LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside carparate I m is, w	rria RURAL and give nearest town,
ı	Bethesda	h Davs	Binghamton	
ı	d. NAME OF HOSPITAL OR INSTITUTION (f not		d STREET ADDRESS	e. IS RESIDENCE
	The Clinical Center, Bet		27 Leroy Street	ON A FARM! YES NOTE
ĺ	3. NAME OF First DECEASED	Midd »	OF	onth Day Yaar
ı	(Typa or print) Leo	Edward	Gilroy DEATH Augus	t 10, 19 61
ı	S SEX 6 COLOR OF RACE 7. M	ARRIED K NEVER MARRIED B.	DATE OF SIRTH 9. AGE (In yas	F UNDER 1 YEAR FUNDER 24 HRS
	Male White with	DOWED D VORCED F	ebruary 8, 1911 50 yrs	Months Days Hours Mn.
ı	10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	1. B RT. PLACE (County & State or foreign count	
l	Optician 13. FATHER'S NAME	Office	New York	U.S.A.
۱			14. MOTHER'S MAIDEN NAME	
ı	Frank P. Gilroy	The Top of the control of the contro	Eva P. Cole	мА
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) [lifyas givawar or datas of sarvica) 16. SOCIAL SECURITY NO. 17. IN	FORMANT The Medical Recor	ä\$
ı	NO	0=0 00 00 0	e Clinical Center, Bethe	
ı	18 CAUSE OF DEATH [Enter on y one cause	par ling for (a) (b), and c,]	, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN
I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Left Ventricular	Failure	2 hours
ł	Tall DUE TO	<u>-</u> .		
ı	Conditions, if any, which , b)	Aquired Aortic St	enosis	6 months
ı	gava rise to immediate cause			
1	(a), staring the underlying			
Ì		CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(a) 19. WAS ALTOPSY
ı	OF THE STATE OF TH)	PERFORMED?
ľ	<u> </u>		A.A	YES X NO
	PART II. OTHER SIGNIFICANT COND TON: 206. ACC DENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR ETHER, NOTIFY MEDICAL EXAMINER)	DESCR BE HOW INJURY OCCURED.	Enter natura of in ury in Part I or Part I of Item 18.)	
1	20c. TIME OF INJURY Month, Day, Yaar		E OF INJURY (Homa, farm, 20f. (City or fown)	(County) (Stata)
١	20c. TIME OF INJURY Month, Day, Year Hour s.m. 19	While Not While factor of work at work	y, streat, office bldg , atc.)	
١		attended the deceased from A	igust 6,, 1961, 10 August	10., 1961., that (I) (we) last
ı	saw the deceased alive on Augus	t 10- 19.61 and that	death occured at 6:15, Prom the cause	es and on the date stated above.
ı	22a. SIGNATURE			22b, DATE
ì	17. 18. W. P.	1 /2	ATTENDING MED. STAFF	5 8/11/61
ı	22c. PHYSICIAN'S	la lacer (MI	22d ADDRESS The Clinical C	enter National
ı	NAME (Type) RICHARD P. A	NDERSON, M.D.		
ı			Institutes Of Health,	·
	23a, BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Spacify)	230. NAME OF CEMETERY O		
1	urial-transit 8-11-6	1 Chenango Va	are and are the second and are the second are the s	ounty, New York_
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa REC'D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE
	ROBERT A. PUMPHREY	Bethesda, M	d. DATE NO 16'61	arthur & House
				THE PHANE

n it.

MARYLAND STATE DEPARTMENT OF HEALTH

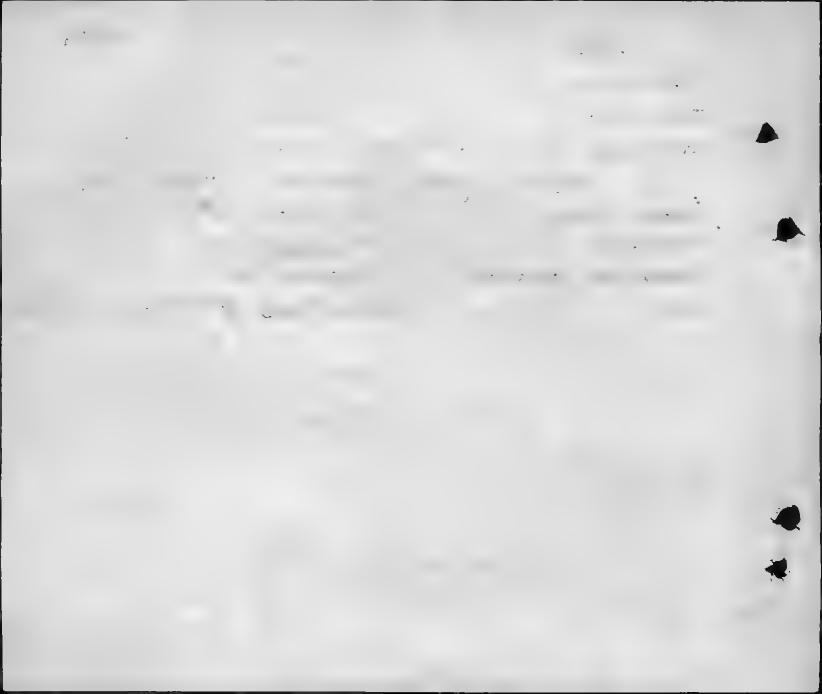


RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, f retitul on: Residence before edmission) a. COUNTY b. COUNTY Montgomery Mont. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town). c LENGTH OF STAY IN 16 wr to RURAL and give naerest town) Bethesda 21 hrs. 25 mins. Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Suburban Hospital 8516-Irvington Ave. YES NO NAME OF Middle Year DECEASED OF DEATH (Type or print) 19 JOHN 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lest birthday) Months WIDOWED T 53 Male DIVORCED T Sept. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Pennsylvania Admin. Assistant Red Cross 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Benjamin Griffith Laura Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) ((If yes give we ror detes of service) Cleo Griffith-wife-same 2d 18 CRUSE OF DEATH [Enter only one cause per line for (a., (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) (6) gave rise to immediate cause DUE TO (e), stetling the underlying PART IL OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING 1 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert Lor Pert II of Item 18.)
OR CONTRIBUTING 1 CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d NJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm | 20f. (City or town) (Stete) fectory, street, office bldg., etc.) While Not While at work at work J. .. 196 ار to. برا المراجي (المراجي that (المراجي المراجي الم 21 I certify that (I) (this hospital) attended the deceased from , and that death occured atM, from the causes and on the date stated above. saw the deceased alive on J 2 2. 220 S GNATHE MED S GNED ATTENDING STAFF 28/61 DIRECTOR PHYS PHYS. oth. Page FUNERAL 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 8106 Maple Ridge Rd. Beth. Md. director, be filed v W. T. Joyce 23d LOCATION (City, town or county) 23a. BURIAL, CREMATION | 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) Parklawn Ceme tery Rockville, Maryland Burial 24 FUNERAL DIRECTOR'S S GNATURE 25e. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 [4] DATE AUG 3 0 '61 Bethesda, Maryland Pumphrey 15M 9/60 Orthur S. Krauc



FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) COUNTY **b.** COUNTY lonta omerc MARYLAND b. CITY OR TOWN if outside corporate mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) Washington d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Washington Sanitarium + Hospital YES NO 3. NAME OF DECEASED DEATH HUGUST (Type or print 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? cope during most of weeking life, even if retired Housewide pages within 13. FATHER S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give was or deles classified 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH SUDDEN IMMEDIATE CAUSE (OK gave rise to immediate cause DUE TO (e), steting the underlying causa lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. 19. WAS AUTOPSY PERFORMED? YES 🔀 NO 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netwee of injury in Pert I or Pert II of Item 18.) PR MARY TO OF CONTRIBUTING CAUSE OF DEATH. motor aychen 20c, TME OF INJURY Month, Day, Year , 20d, INJURY OCCURRED & 20e, PLACE OF INJURY (Home, ferm, 20f, ICity & town) (Chunty) fectory street, office bldg., etc.) While Not While el work el work SHO 21 I certify that I took charge of the remains described above, held an Autopsy X, Inspection death resulted from. Accident K Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY BAUSCHant Address (Street, city, town, or county) 22c. NAME OF CEMETERY 226. BURIAL, CREMATION, 225 DATE THEREOF O 7 24a. REC'D SY'REGISTRAR I 24b. REGISTRAR'S SIGNATURE A15ME DATE AUG 2 4 '61

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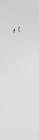
eath. Page

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VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARK CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY **b.** COUNTY by the and 2 death. Montgomery MARYLAND District of Columbia b. CITY OR TOWN (if outside corporate I mits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest lown) Write RURAL and give nearest town) Washington Bethesda (Rural 5 days . IS RES DENCE d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospita, g ve street address) d. STREET ADDRESS ON A FARM? 1823 P. St.N.W. U. S. Naval Hospital YES NO 3. NAME OF 4. DATE Middle Month Year DECEASED 19 6] Elbert. (Typa or print) Havnes DEATH August 21 and cor 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Months . Days Hours DIVORCED F WIDOWED [Male Caucasian physician гетоме VOa. USUAL OCCUPATION (G.va kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Jone during most of working life, avan if ratirad! USA North Carolina U. S. Navv Officer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6356 드 Molly Moore John Lindsey Haynes ā 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Then Address (Yas, no, or unkown) | (If yas giva war or dates of sarvice) Elizabeth M. Haynes, Same as #2 above 263 by the Yes 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: - respiratory cessation IMMEDIATE CAUSE (a) DUE TO ngestive beaut failure gave rise to immediata causa DUE TO (a), stating the undarlying atic mitral sterosis and insuff. 14 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NI PART 1101 19. WAS AUTOPSY PERFORMED? YES ZINO 1 a ascella. cimbosea 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour alim. at work al work 1961 21. I certify that (this hospital) attended the deceased from. August August 21 saw the deceased alive on. August 21 19.61, and that death occurred at 1:100, PMm the causes and on the date stated above day b 22b. DATE 22a, SIGNATURE ATTENDING 21 August PHYS. DIRECTOR PHYS. Roseph FUNERA FUNERA rector, page 22c. PHYS CIAN'S 22d ADDRESS S. Mayal Hospital JOSEPH H. EUSTERMAN, LT MC USN 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) 23 August 1961 名寺の帝の Lee Funeral Home Washington Cremation 258 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 4th & Mass. Washington, D. C. DATE 15M 9/60



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EET. BALTIMORE 1, MARYLAND 9300 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY Maryland b. COUNTY antgomery MARYLAND b. CITY OR TOWN (f ours de carporete rimits, c CITY ORTOWN (If outside corporete I mits, write RURAL end give neeras) town c. LENGTH OF STAY IN 15 write RuRAL and give nearest town Rockville d NAME OF HOSPITAL OR INSTITUTION if not in hospital, give street address e. IS RESIDENCE ON A FARM? Howara YES NO 3. NAME OF Last 4. DATE Morth DECEASED OF (Type of print) DEATH 1961 COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In years ME UNDER 1 YEAR S SEX and lest burthday) Months Days Hours 68 DIVORCED Yrs. physician IDA. USUAL OCCUPATION IG VA 112 CITIZEN OF WHAT COUNTRY? fore an country! Public lown Montgomery Co. Maryland. attending pl and Henley Then 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO oval, 344 Howard Avenue (Yes, na, or unkown) (It yes give wer or dates of service) Reatrice L. Henley Rockville, the Maryland ._ 18 CAUSE OF DEATH [Enter only one cause per tine for (a), (b, and ,c, INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONE WEEK IMMEDIATE CAUSE (e) DUE TO STAIGHTHS [b] gave rise to immediate cause DUE TO (e), steting the underlying couse lest. GENGRALIZ, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? PIBFIFS MENTING LI 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING LI CAUSE OF DEATH NO 1 ā (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 2Dd INJURY OCCURRED 2De, PLACE OF INJURY Home, ferm, 2Df. (City or lown) (Stete) Month, Day, Year (County) While Not While fectory, street, office bldg., etc.) Hour e.m. el work el work saw the deceased alive on . 17. 46.45 S..... 18.19/3/ ... and that death occured a D.A.M, from the causes and on the date stated above ATTENDING 226. SIGNATURE DATE STAFF SIGNED MD PHYS. DIRECTOR PHYS. O HOSPITAL death. Page TO FUNERAL director, page be filed with it 12c/ PHYSICIAN S 22d. ADDRESS NAME (Type) Gordon S. Rosenberger Montgomery Ave, Rockville, Md. 23d LOCATION (City, lown or county) 23e. BURIAL, CREMATION, | 23b 123c NAME OF CEMETERY OR CREMATORY REMOVAL, (Specify) OH toresT 250. RECHO EY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] arthur S. Kings 15M 9/60 DATE Rockv



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before edmission) a COUNTY MARYLAND c. LENGTH OF STAY IN 16 DECEASED DEATH (Type or print) 19 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS last birthday) 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH I. DEATH WAS CAUSED BY: CORONARY THROMBOSIS SUPDEN. IMMEDIATE CAUSE (a) DUE TO ARTERIO SCLEROSIS (b) gave risa to immadiate causa **DUE TO** (a), stating the underlying PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY PERFORMED? VASCULAR ACCIDENT NO D 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of Itam 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20s PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While .19 .6.1, and that death occurred at 1.35.4M. from the causes and on the date stated above. saw the deceased alive on 8/4 DATE 22a, SIGNATURE ATTENDING SIGNED DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 23a BURIAL, CREMATION O 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



22e be executed within 24 hours after in by the funeral s 1 and 2 should

TO HOSPITAL OR & NDING PHYSICIAN: The law requires that the death of the be executed with death. Pag. Amay be relained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely of mector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. And be filed with the State Dept. of Health prior to burial, cremation, or removely and my moent, within 72 hours.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

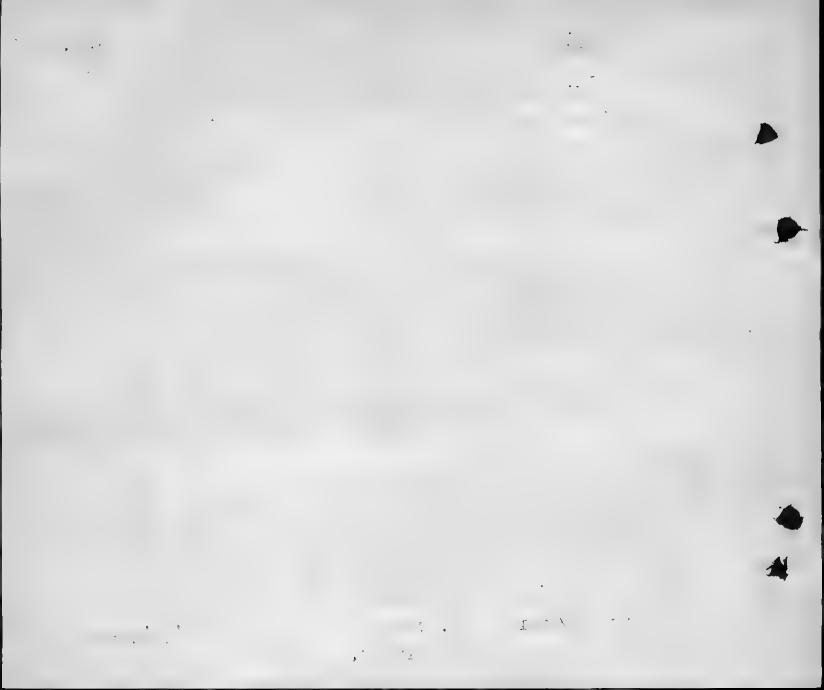
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9302 CERTIFICATE OF DEATH DIVISION OF

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, Il Institution, Residence before admission)
	a. COUN MONTGOMERY. MARYLAND	a. STATE Maryland b. COUNTY Prince Georges
)	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write BURAL and give y , at
	Takoma Park d NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) 2 700 Philadelphia. Avenue	Silver Spring
7	Cur-Lu Nursing Home	8106 TahonaDrive
	3. NAME OF DECEASED HE COME A A A	Last 4. DATE Month Day Year
	(Typa or print) 5 SEX 6. COLOR OR PLACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE IT YOURS I YEAR, IF UNDER 24 HRS.
	WIDOWED DIVORCED	9/24/82 Test birthday) Months Days Hours Min.
	dona during most of working life, even if retired)	Y II. B RTHPLACE County & State, or loreign country] 12. CITIZEN OF WHAT COUNTRY? Able. Finland U.S.A.
	Retired	Able, Finland
	Herman L. Hermanson	Katherine
/	(Yes, no, or unkown) (Ifyes give we ror dates of service) 578_00_7663	Mrs. Lillian C. Donaldson same as #2
	ne production in the second se	
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE ISI	empores CM. hemiology. ONSET AND DEATH
	33 3 X DUE TO /	Ocit
	Conditions, if any, which b) All Maryl	of arteroschots sevoulytens
	(a), staling the underlying Doctor Senutity	e, Vii
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(2) 19. WAS AUTOPSY PERFORMED?
	Eprone Pylon	eghnus YES NO I
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCREE HOW INJURY OCCURED OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Exter nature of injury in Part I or Part II of itam 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stale) ory, streat, office bidg., alc.)
	p.m. 19 et work et work	
	21. I certify that (I) (this hospital) attended the deceased from	
		death occured a 12,16M, from the cruses and on the date stated above.
	22a SIGNATURE	ATTENDING MED. STAFF D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Typa) RWIN 1. YAGER M.D.	3055-16-A.N.W. WASH.D.C
3	23a, BURIAL, CREMATION, 23b. DATE THERFOF 23c, NAME OF CEMETERY	
		emetery Baltimore, Maryland St. N24. Rec'd by Registrar, 25b. Registrar's Signature
(24 Tine S. H. Hines Company Washingto	n 9, D of AUG 3 '61 Thing & Know

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Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Page les. a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if outs de corporale i mils, write RURAL and dive nearest lown) c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give newest town) your dof HOSPITAL OR INSTITUTION (if not in hospitel, give street address) a. IS RESIDENCE ON A FARM? YES NO X State State Stat DECEASED OF 0 (Type or print) DEATH AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED last birthdari Months Days Hours WIDOWED D VORCED K 10a. USUAL OCCUPAT ON (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY | 11. 8 RTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY ages 1, 2 3 Page done during most of working life, even if retired) pages 1 within ecisters. P.M3 13. FATHER'S NAME 14 MOTHER S MA File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 permit. (Yes, no, or unknwn) | (If yes give war or dates of service 18 CAUSE OF DEATH (Enter only one cause per line for (a , (b), and (c). INTERVAL BETWEEN **ENSET** AND DEATH PART I DEATH WAS CAUSED BY ven monokide por IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immed ate cause rO. DUE TO (a), stating the underlying cause last PART I OTHER SIGN, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIGHT 19, WAS AUTOPSY PERFORMED? 8 NO V 70 206 DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part Lor Part Lof tem 18 200 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH E CO 20c. TIME OF INJURY 20d INJURY OCCURRED 200 PLACE OF INJURY (Home, ferm, 20f. (City of town) Month, Day, Year (County) (State) factory, stgaat, office bidg., etc.) at work at work 21 I certify that I took charge of the remains described above, held an Autopsy 1 Inspect on 🔣 Inquiry and in my opinion death resulted from Natural causes Acc dent Suicide K Homicide Undetermined manner [forwarde L DIREC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION | 22b, DATE THEREC 22d. LOCATION (City, lown, or country (State) REMOVAL (Spec fy) Norbeck, Md. ₫40 þ B urial 248 REC'D BY REGISTRAR | 246. REGISTRA AUG 23 VS. ATSME DATE

IARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 9305 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased ived if institution, Residence before admission) 1. PLACE OF DEATH o. COUNTY o STATE **b** COUNTY MARYLAND GOMER b CITY OR TOWN (if offis de corporate limits, write RURAL out give negrest (pwn) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) SilillA Spelas SILVER OSPRING d NAME OF HOSP TAL (TAbt in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? WENDE YES NO IN NAME OF M ddle 4. DATE Month Day Yeor DECEASED OF DEATH (Type or print) death 196 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLORADR RACE 7. MARRIED NEVER MARRIED lost birthday) after Months Doys Hours DIVORCED [WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY foreign country 12 CITIZEN OF VAHAT COUNTRY? during most of working I fe even of retired) Homemaker 13. FATHER'S NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) 0 min **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 PERFORMED? YES NO I cremali 20℃. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II of item 18.) 20c. TIME OF NJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Month. Day, Year 20d INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21 I certify that (I) (this haspital) attended the deceased fram. 196 L, that (1) (we) last saw the deceased alive an / 220 SIGNATUR 22b DATE SIGNED ATTENDING DIRECTOR _ Board 22r PHYSICIAN S 1961 page 3 sh the State NAME OF GEMETERY OR CREMATORY 23a BUR AL, CREMATION, DATE THEREOF LOCATION (City, town or county (State) 24 FUNERAL DIRECTOR'S SIGNATE 250 REC'D BY REG STRAR 256 CEGISTRAR S SIGNATURE DATE ALIG 9 arthur & through ore

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burial-tr

hours after death.

8/22/61 Mr. Grank J. Broschart, Dy Mid. Examiner rollyred and authorized Mr. D. B. Queen & Dign certificati TO HOSPITAL OR ATHER DING PHYSICIAN: The law requires that the death certificated within 24 hours after death. Pages Sy be noted by the hospital or attending plymician.

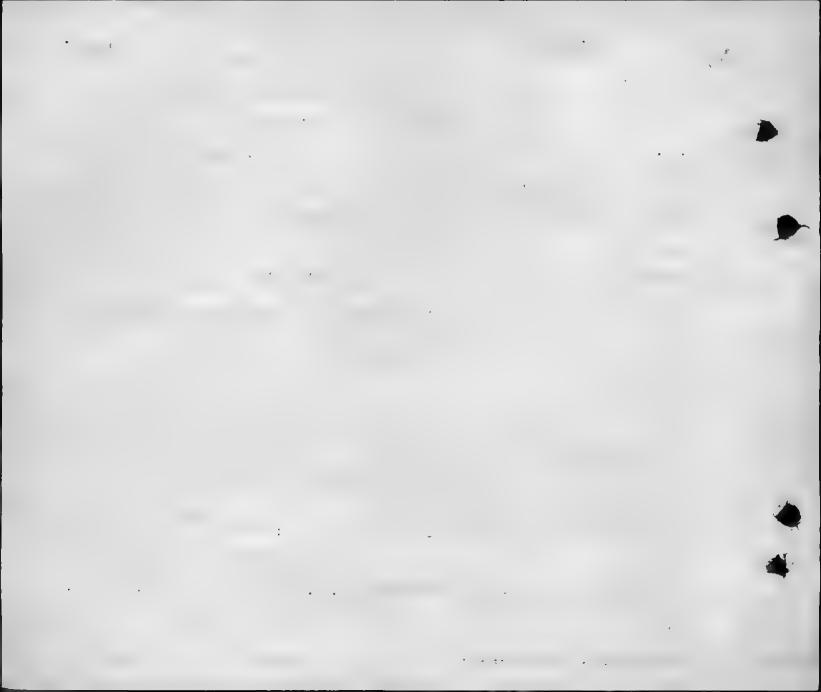
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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH 9306 A Cons

Н			263 t
Щ	A. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Res.	dence before admission)
1	Montgomery MARYLAND	a. STATE b. COUNTY	
1	b. CITY OR TOWN (if outside corporate mits, C LENGTH OF STAY IN 16	Virginia c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ve seered town
1	write RURAL and give neerest town)	CO COLO DE LO MATE EL DOGICO COSPONOTO HINNS, MITIGUENA, CONTO	40 (100103) 1841-II)
1	Bethesda (Rural) 10 days	Triangle	4
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
ı	H C Novel Hognital		ON A FARM?
d	U. S. Naval Hospital 3. Name of First Middle	36 A Purvis Drive	YES NO VE
ď	3. NAME OF First M.ddle DECEASED	4. DATE Month D	Dey Year
1	(Type or print) Judy Lee James	DEATH August 10	1961
1		DATE OF BIRTH 19. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
-1	T . 3 October 1000	lest birthday) Months Day	s Hours Min.
	7 0 110	12-4-40 20 yrs.	
	10a. USLAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE County & State, or foreign country 12. CITIZE	N OF WHAT COUNTRY?
1	Housewife	Vences	USA
		14. MOTHER'S MAIDEN NAME	-
٦			
J	Ernest Hymer	Margaret Braun	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Hyesgivowarordates of service)	NFORMANT Address	
1		Jack "J" James same as #2 above	
ı	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]		INTERVAL BETWEEN
1			ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Lympho bloati	lukenia, ocute	10 maille
1	A DUETO		
1	Candidana Managara (1948)		
-1	geve rise to immediate ceuse		
ı	(a), stating the underlying DUETO		
1	cause last. (c)		ANA ANA
-1	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(4)	
1	PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING TO DEATH BUT NO		YES NO T
1	De la company de la la company de la company	(F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	113 140 3
-1	208. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH	(Enter neture of injury in Pert Lor Part II of Item 1B.)	
-1	U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, ferm, 20f. (City or town) (County	(Stata)
	Hour a.m. While Not While	ory, street, office bldg., etc.)	
ı			
ı	21. I certify that (this hospital) attended the deceased from	July 31 19 61 10 August 10 19 61	, that (1) (we) last
ı	saw the deceased alive on August 10 . 1961. , and that	death occured an OM, from the causes and on the	date stated above.
	22a, SIGNATURE		22b. DATE
1	7 . 6 10011.11	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS DI ATTON	SIGNED
1			ist 10, 1961
	22c. PHYSICIAN'S NAME (Type) Lewis Ned Cahill, LCDR MC USN	U. S. Naval Hospital, Bethesda	Md.
	Lewis Ned Callill, Lobr Mc Obit	U. S. Mayar Mospitar, De diesa	-, 1241
	238. BUR-AL, CREMAT ON, 236. DATE THEREOF 236. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Burial-Shippment August 10,1961 Municip	le Cemetery Bonner Springs	Kansas
	RULTAT-DILLDBuelle Magazo Tolthor Marierb		NIATHOE -
	24 FUNERAD DIRECTOR'S SIGNATURE LO ROLL LADORESS WA	258. REC'D BY REGISTRAR 258. REGISTRAR'S SIG	
	Tyson Wheeler, Rockville, Md.	DATEAUG 11 '61 Cuntum S. FE	Lavid



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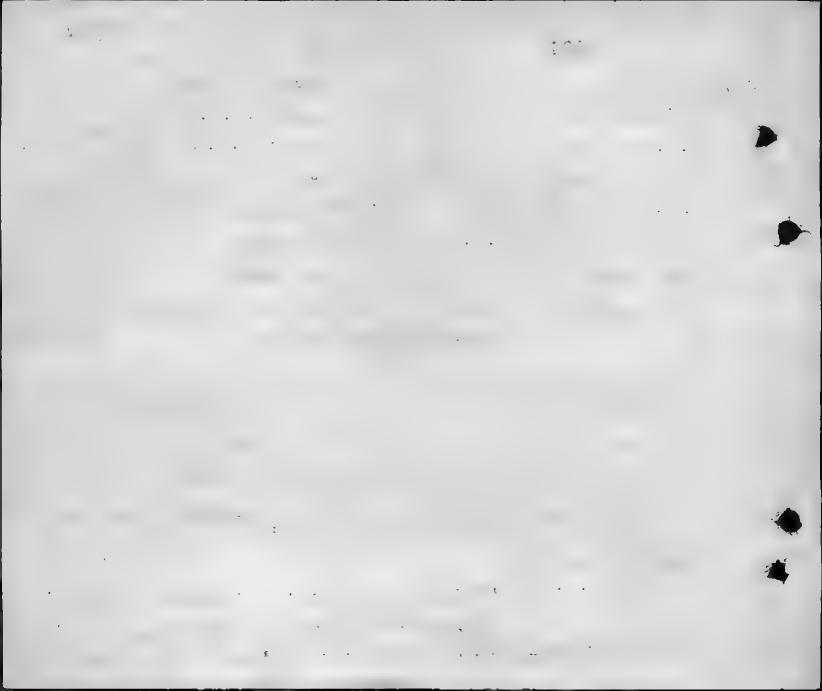
te be executed within 24 hours after TO HOSPITAL OR A NDING PHYSICIAN: The law requires that the death certified with death, Pay Lamey be retined by the hospital or attending physician.

TO FUNERAZ DIRECTOR: After this certificate has been signed by the attending physician and completely, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYIAND CERTIFICATE OF DEATH 9307

ш	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edinission) a. STATE b. COUNTY
	Montgomery Marylan	
	b. City OR TOWN (if outside corporate imits, c. LENGTH OF STAY IN write RURAL and give nearest town)	
	Bethesda (Rural) 24 days	Washington, D. C.
A	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS . IS RESIDENCE
1	U. S. Naval Hospital	1561 33rd St. N.W.
Ť	3. NAME OF First Middle	Lest 4. DATE Month Dev Yeer
	DECEASED	Jennings DEATH August 16 1961
	110111111111111111111111111111111111111	1 8. DATE OF BIRTH 19. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS.
-1	7. MARKED 23 NEVER MARKED	I lest best dead In
	Male Caucasian widowed Divorced	heb remper 50, 1300 00 Au
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11 BRTHPLACE (County & Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	Officer U. S. Navy	Massachusetts USA
N	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ralph Jennings	Belle Hutchin
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO.	17. INFORMANT Address
	Yes (Start of LTU TT 577 26 6210)	Cloude tourines Come as 40 change
	18. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	Gloria Jennings Same as #2 above
	PART I. DEATH WAS CAUSED BY:	oma, Right Lung one month
ı	I A SIMMEDIATE CAUSE (e) ACIGNOCATION	mia, itterio hais
1	DUE TO	
	Conditions, If any, which gave rise to immediate cause	
	(e), stelling the underlying DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		YES 🌊 NO 🖸
		URED, (Enter neture of injury in Pert I or Part II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ZDc. T ME OF INJURY Month, Day, Year , 2Dd. IN. JRY OCCURRED , 2De	. PLACE OF INJURY (Home, ferm, 2Df. ,C ty or town) (County) (State)
	2Dc. T ME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De Hour e.m. While Not While at work et work	fectory, street, office bldg., etc.)
		Tuly 22 to 61. August 16 to 61 to 30 / 11.
		om July 23 19 61 to August 16, 19 61 that (0) (we) last
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	that death occured a 2.25%. From the causes and on the date stated above.
i	220 SIGNATURE	ATTENDING MED. STAFF IN August 16, 1981
	1 D. F. Techy	<u> </u>
	22c. PHYSICIAN S NAME (Type) D. L. KELLEY, LT MC USN	22d. ADDRESS
	D. D. Addition, HI PRO COM	U. S. Naval Hospital, Bethesda, Md.
	23e BUR AL, CREMATION 23b, DATE THEREOF 23c, NAME OF CEMET	TERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete)
	Burial August 21, 1961 Arlingt	ton National Arlington Va.
	24 FUNERAL DIRECTOR'S SIGNATURE IN Wan We Valoress	25e. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	DeVol 2224 Wisconsin Ave.N.W. Washingto	DD, D. C. DATEAUG 21 '61 arthur & House
-		



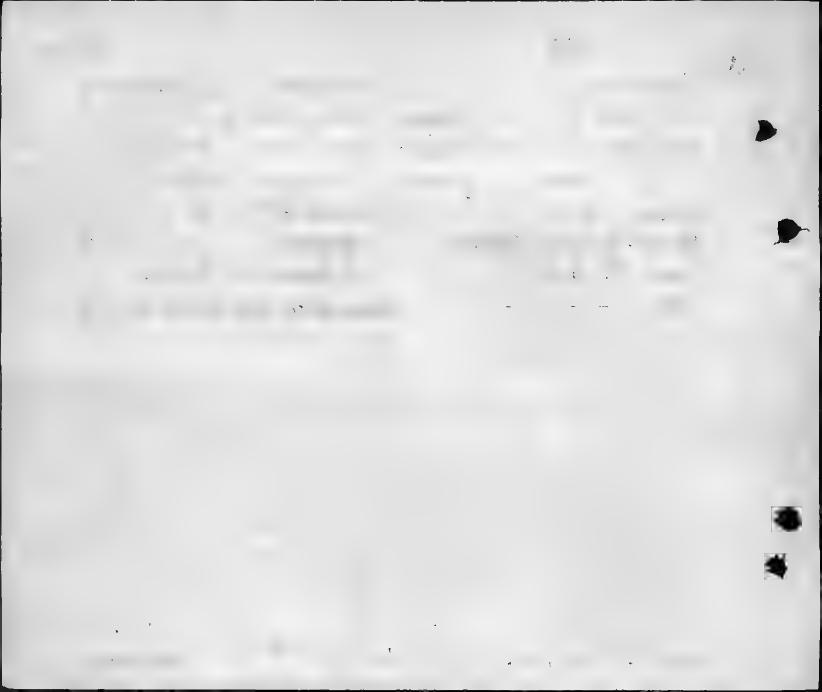
b be executed within 24 hours after in by the IO HOSPITAL OF AN IDING PHYSICIAN: The law requires that the death cert is be executed within 24 his death. Paget is be included by the hospital or attending physician.

I C FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and completely form in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Ferce 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Ferce 1 and 5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat

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MARYLAND	STATE DEP.	ARTMENT	OF HEALTH	4

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DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 3	301 W. P	RESTON	STREET,	BALTIMORE 1,	MARYLAND
0000	CERT	TELCATE	AE D	CATL			

- 1				
	1,	PLACE OF DEATH		daceased livad, If institution; Residence before admission)
	I	Montaomerci Maryland	Maruland	Matanmeril
ľ		b. CITY OF TOWN (if outside corporate limits, c. LENGTH OF STAY N. 3b		rporate mits, write RURAL and give noticest town)
ľ	7	akoma fark 3 days	Silver 5	*
-1		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address,	d. STREET ADDRESS	. I e. ÎS RESIDÊNCE
	122	1. 1. 1 /	an TI	ON A FARM?
-1	3	MAME OF SMITHER IN THE MINE OF	8/0 Johnson	AVENUE YES NO.
		DECEASED	OF	Month Day Year
		(Typa or print, Mary Emma	Venninas DEAT	* Hugust 10 1961
	5.	SEX 6 COLOR OR ACE 7. MARRIED NEVER MARRIED 8	. DATE OF BRIH	9. AGE/In years IF UNDER 1 YEAR IF UNDER 24 HRS
	R	emple White, WIDOWED DIVORCED J	une 38 1899 1	62, yrs. 2, 17
ľ	10a	USUAL OCCUPATION (G ve kind of work 106 KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Slete, o	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
_1	R	tires - Telephone Operator	Maruland	U.S.A.
1	13	FATHER'S NAME	14, MOTHER'S MAIDEN NAME	4.0771
TI	١,	1 mi C 6:11	A	Wile .
그	Ĭ.,	Kevi C. Gill	Hugusta E.	Wilson
	{Ya	WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. I P. PO, or unknown, (Ifyasg vawarordatasofsarvice)	NFORMANT	Address III cl. I
	1	VO Wa	Shington Jani	tarium and Hospital
		16. CAUSE OF DEATH (Enter only one cause per land for (a), (b), and (c).	,, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cere-leage A	tercerrhage	-3 down
- 1		37 X DUETO 2 4 3	7	
		and the distriction	in Brunt	-lardie 3 days.
		gava rise to immadiata cause	ever congruence	- ourself control
		(a), stating the undarlying DUETO	= 7£?	3 1 :
		cause last. (c) 154 that led	A STEATHER STATE	,
7	OH OH	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASI	E CONDITION GIVEN IN PART IIa) 19 WAS AUTOPSY PERFORMED?
	3			YES □ NO ☑'
•	CERTIFE	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	(Entar nature of injury in Part I or Part	II of itam 18]
-1		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
П	₹	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA	CE OF INJURY (Homa, farm, 20f. C	ty or town) (County) (Stata)
	MEDICAL	Tives asin.	ory, streat, office bldg., etc.]	
	×	p.m. 19 at work at work	7/1/ 2 1/2	7
- 1		21. I certify that (I) (this hospital) attended the deceased from,	1960 to	o. Cluga
		saw the deceased alive on	death occured at 2 4M, fro	m the causes and on the date stated above.
		22a. SIGNATURE	ATTENDING/MED.	STAFF 7'
ı		/ Coker Cl Hare M	D PHYS. DIRECTOR	D PHYS. D Chris 10,601
		22c. PHYSICIAN'S	22d. ADDRESS	
ı		NAME (Type) NoberTH, HareN	D. 1600 Oar	roll ave, I.P. Md _
			OR CREMATORY 23d LO	CATION (City, town or county) (State)
		REMOVAL (Spacify)	mo to ma	on Conwellage Vermilion
		FIRMER AT DIRECTOR'S SIGNATURE - ADDRESS	metery Prin	ce George's Co. Maryland
		Raymand. A ZISKA. Stiver Spring, M	aryland AUG 16 %	1
1	w a	rner E, Pumphrey, Inc. 8434 Georgia Ave	nue DATE	arthur & Krace



death Page Cay be wined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has seen signed by the altending physician and completely for the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Fig. 3 and 2 should be filled by the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

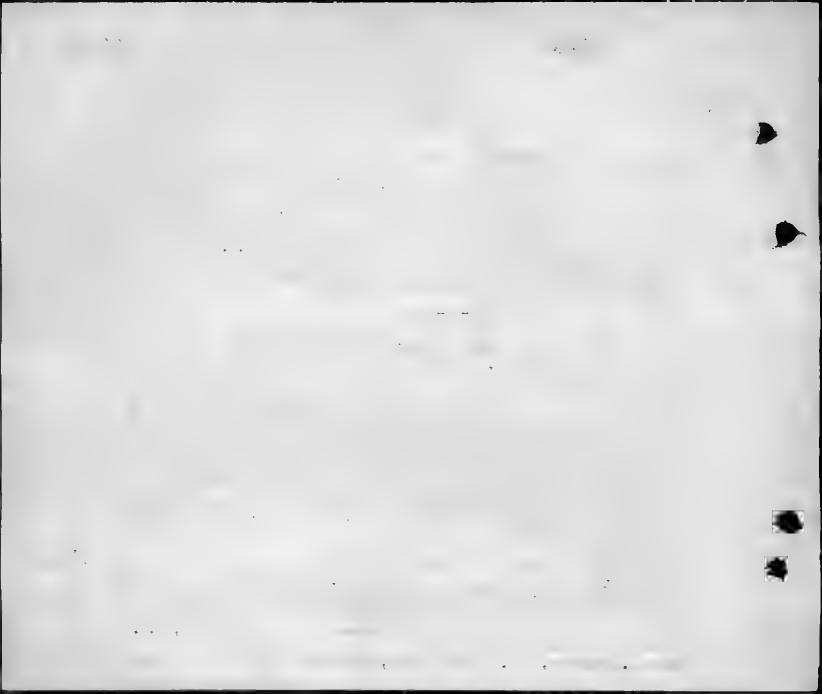
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9309

CERTIFICATE OF DEATH

() 93(1)()

1	1. PLACE OF DEATH a COUNTY	1 2 USUAL RESIDENCE (Where daceesed I ved, If Institution; Rasidance bafore edmission)
4		a STATE b. COUNTY
1	b. CTY OR TOWN (if outs de corporate I mits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	C CITY OR TOWN (If outs'de corporete I mits, write RURAL and give nearest town)
1	Takene Park d. NAME OF HOSP, TAL OR INSTITUTION (H not in hospitel, give street eddrass)	District Of Columbia . IS RESIDENCE ON A FARM?
1	Washington Sanitarium & Hospital	419 Constitution ADE. N.E. YES NO DAY Last 1. DATE Month Day Year
	(Type or print) Twa Flishporth	Dehason DEATH AUGUST 22 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	mount beys mount with
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	8-27-02 58 Yrs
	Projectionist Highland Theate	F Washington D.C. U.S.A
	ZUKRINICKKYRR INKRROKYAK	Edith Yorker Address WH 2-2290
	Jes World War I 216-09-9263 Sc	CA-IN LOW 13914 Parkland D. Rockville Md.
	PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) COCON CALLY TO	thronboxs 10-17 mats
1	DUE TO	
ı	Conditions, if any, which (b)	-4
1	geva rise to immediate cause DUE TO	
1	cause lest. (c)	
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	3 Collogen Niseasl.	YES NO K
	© QR CONTR BUT NG ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of courty in Part Lor Port II of Itom 18.)
	V	ACE OF INJURY (Home ferm, 201, (City or town) (County) (Stele)
	Hour e.m. While Not While p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	12/15 19/2 to 8/22 1961, that (I) (we) last
	saw the deceased alive on. 9/2	at death occured at 2.1.2M, from the causes and on the date stated above.
	10-72/1/ and the soul	ATTENDING MED. STAFF STAFF STAFF STAFF
	22c. PHYS CIAN'S B. WARDROP_ME	800 Pershing Drup Delver Jones Md.
	736. BUR.AL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town or county) (flata)
	Rurial 8/25/61 Rock Creek Co	
	24 FUNERAL DIRECTOR'S SIGNATURE SAID 8434 COORSigia Av	70 TUE 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	Warner E. Pumphrey, Inc. Silver Spring,	Marylandonte AUG 2 5 '61 _ Outling & Thoma



9310 CERTIFICATE OF DEATH
I. PLACE OF DEATH a. COUNTY MONT COMERY b. CITY OR TOWN (if outs de corporate limits, write RURAL end give neerest town) Betherda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give st eet address) 2. USUAL RESIDENCE (Where decessed .ved, if institution; Residence before admission) b. COUNTY c. CITY OR TOWN (if outs'de corporate limits, write RURAL end give neerest town) Alexandria d. STREET ADDRESS d. STREET ADDRESS
The Clinical Center, Bethesda lit, Md. 11-A West Del Ray Avenue ON A FARM?
13. FATHER'S NAME Arthur J. Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical Records
18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES A NO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f., City or fown) (County) (State) While at work at work. 21. I certify that (i) (this hospital) attended the deceased from August 21, 1961, to August 21, 1961, that (i) (we) last saw the deceased alive on August 21,1961, and that death occured at 32, Pont the causes and on the date stated above. 22e SIGNATURE ATTENDING MED. STAFF PHYS. ATTENDING PHYS. DIRECTOR PHYS. ATTENDING PHYS. DIRECTOR PHYS. ATTENDING PHYS. DIRECTOR PHYS. ATTENDING PHYS. The Clinical Center, National Institutes of Health, Bethesda 11, Maryland REMOVAL (Specify) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)
Burial 8/23/61 Rock Creek Cemetery Washington, D. C. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AUG 23 '61 Outlan 8. Krana Date AUG 23 '61 Outlan 8. Krana

MARYLAND STATE DEPARTMENT OF HEALTH

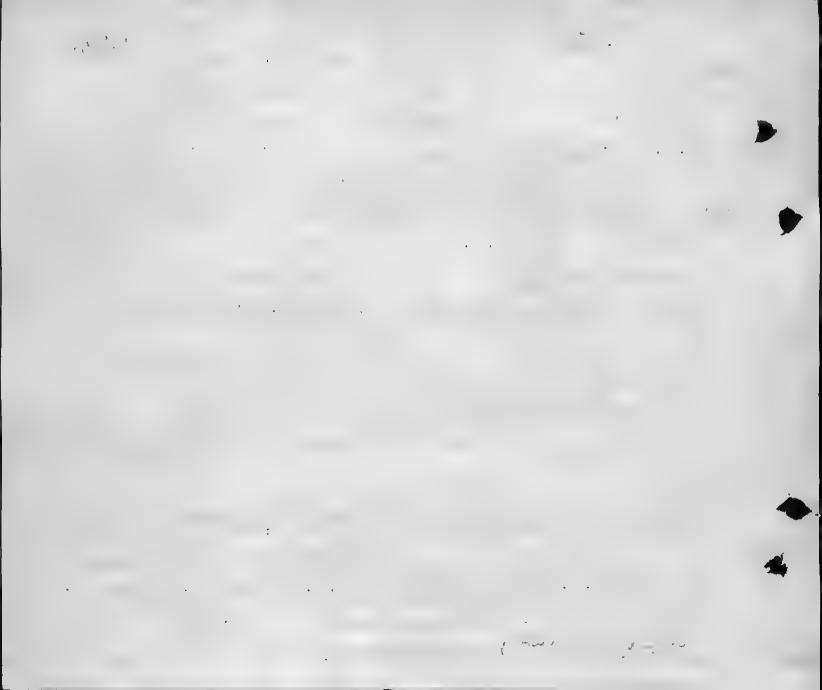
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9311

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	PLACE OF DEATH		MAKT		ISUAL RESIDENCE (W. STATE	/here deceased (ived. If institutio Б. COUNTY	n: Residence bel	fore admission)
		gomery (If outside corporate limits, whereast town)		IN 1b	CITY OR TOWN TH	outside corporat	te limits, write RL	IRAL and give n	earest town)
	R.F.D.	#1 Gaithershi			d. STREET ADDRESS	ekville,			e. IS RESIDENCE ON A FARM?
4	Amnons	Mursing Home			211 Spr	ting Ave			YES NO
	3. NAME OF DECEASED (Type or print)	First	Middle		Last	4. DATE OF DEATH	Monti		Day Year
H	S SEX	6 COLOR OR RACE 7.			Johnson TE OF BIRTH		AGE (In years	FUNDER LYFA	1961 R 15 UNDER 24 HRS
	J 366		MARRIED NEVER MARRIE				lost birthdoy)	Months Days	
	10g USUAL OCCUPATI	ON (Give x nd of work done			8/18/ 190		57 yrs	II2 CITIZEN C	OF WHAT COUNTRY
	during most of wo	rking life, even if retired)		K 1110031KI			"'',	112 01120110	or an arecounter
	13. FATHER'S NAME	<u> </u>	None	114	MOTHER'S MAIDEN			U.	S.A.
V	13. TATTLE S INAME			17	MOTHER S MAIDEN	TARRE			
A		ER IN U. S. ARMED FORCES	LIV COCIAL SECURITY NO	17 INFOR	Georgia	Hayes	Addre	Deal	177a M4
	(Yes, no. or unknown)	(If yes, give war or dates of service	16. SOCIAL SECURITY NO	I/, INFOR	noiti		Addre	w Kock	cville, Md
					Kathleen	Offutt	(Daughte		<u> </u>
Ц	IB. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c)]							NO 10	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) HEAVE TO 1/UPE								
	-3 4	DUE TO	0 1/	100					
	Conditions, if		<u> </u>	1	,				
	gave rise to cause (a), stating		11	<i>r</i> -	*				
	lying cause lost	(c)	Hy per7	Leu	500				
	PART II. OT	THER SIGNIFICANT CONDITION	ONS <u>CONTRIBUTING TO DEA</u>	NTH BUT NOT	RELATED TO THE TERM	MINAL DISEASE (ONDITION GIVE	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
		YAS UNDERLYING 206 G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED. (En	ter nature of injury in	Part I or Part II	of item 18.)		
	3 20c. TIME OF INJU	RY Manth, Doy, Year	Od. INJURY OCCURRED	20e. PLACE C	F INJURY IHome, for	m, 20f. (City o	r town)	(County	r) (State
	20c. TIME OF INJU Hour o. m.	10	Vhile Nat while t wark of work	tactory,	street, affice bldg., et	lc.)			
		at (I) (this haspital) at		fram	/	96/, ta_2	8/12	, 196/,	that (I) (we) las
	saw the deced	sed alive an	19_6 /. and	that death	accurred at 3.	M, from th	re causes and	d an the dat	te stated abave
	22a SIGNATURE	0	1						225.DATE SIGNED
	(comes >	- Leal	M.D	ATTENDING A	MED RECTOR	STAFF PHYS .		2101461
	22c. PHYSICIAN'S NAME (Type)	cians 1	Leal		22d. ADDRESS	Line	50.00	14	Q
	230 BURIAL, CREMATI		23c. NAME OF CEME	TEDY OF CR	MATORY	22d 10CATE	ON (City, town o	S. cou obu)	(Chapter)
	REMOVAL (Specify		Rocky 1				ksburg,	**	(Stote)
	24, FUNERAL PIRECTO	1				D BY REG STRA	R 1 256 REGIS	TRAR'S SIGNAT	URĘ
	KHent	I Sugar	ADDRESS HOOKVIL	Le Mil		ns 1 g '61	Carl	thur S. the	MAT .



CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE, Where deceased lived, if Institution, Residence before admission) B. COUNTY 6. COUNTY a. STATE Montgomery MARYLAND b. CITY OR TOWN if outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL and give nearest town) Be the sda Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Suburban Hospital YES NO X - Military 3. NAME OF Middle DECEASED (Type or print) DEATH August 24. 19 61 Herbert S Keyser 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years | IF UNDER T YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Davs Houses Male White WIDOWED [DIVORCED 10e. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Reti.red U.S.A. North Sutton, N. Hampshire Teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRED 15. WAS DECEASED EVER IN U. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT [Yes, no, or unkown) | (Ifyasgive weror detes of service) Charles H. Omo 5514 Cedar Pkry. Ch. Ch., .d. 18. CAUSE OF DEATH [Enter only one cause per line for (a INTERVAL BETWEEN PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Parelnal arteriosclerosio DUE TO Conditions, if any, which geve rise to immediate ceuse DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES 3 NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of nurry in Pert I or Part I) of item 18.1 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (State) factory, street, office bidg., etc.) Not While Hour a.m. et work at work 19.40 that (!) (****) Jasi 21. | certify that (i) (this hospital) attended the deceased from ... , and that death occured at ... M, from the causes and on the date stated above, saw the deceased alive on 226. DATE ATTENDING SIGNED STAFF 61 DIRECTOR PHYS. PHYSICIAN'S 22d. NAME (Type) Jonathan Williams, M.D. 726 Street. N.W. 238, BURIAL, CREMATION, 1 235. DATE THEREOF 234, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)
Burial Cassville, Pennsylvania $^{\prime}$ 26. Bowman's Chapel Cem. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) AUG 28 Bethesda, Maryland DATE Robert A. Pumphrev

ARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND

STATISTICAL RESEARCH

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physician

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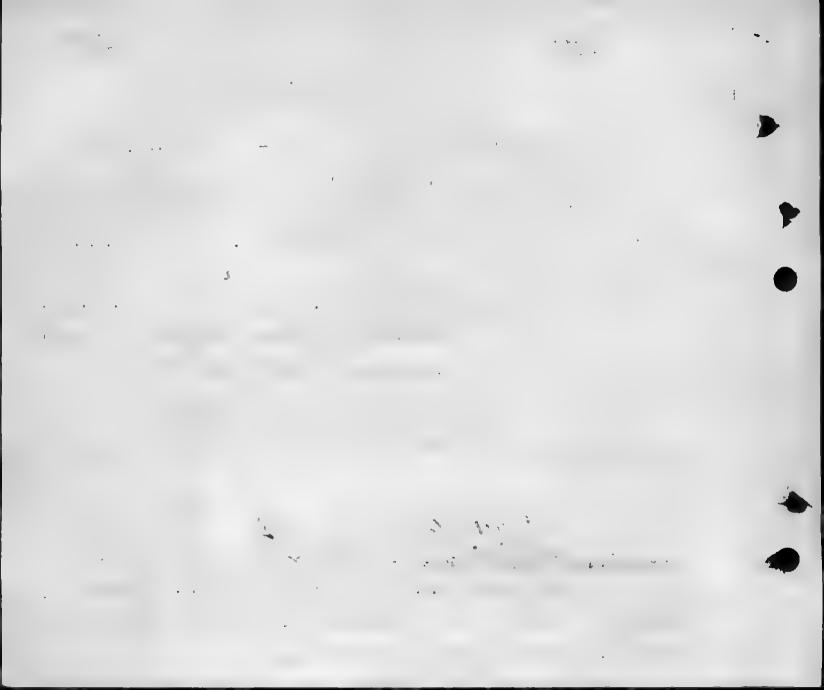
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<u> </u>		Olvision of Statistical Research and Records, 301 W. PRESTON STREET, BALTIMOR	1 USHE
s after funeral should	l =	1314 CERTIFICATE OF DEATH PLACE OF DEATH 2 Film G293 6/22/61 mh 2 USUAL RESIDENCE (Where decresed lived, If	Institution: Residence before edm ss.on)
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Phour the phour			e RURAL and give negrest (pwr)
C4 = - 15	I	Kome Park 9 days HWETISHAWE BERKI	Ley X / Sd & is RESIDENCE
within as a second seco	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street address, Deshinator Sanitzrium + Hospital Back Browd New York Thomas	ON A FARM?
	3	AShington Sanitzrium + Mospitz! 13/47 Orbych Mysyng/ North	
completely my pepers		(Type or print) Hice Elizabeth Kidder DEATH Hug.	10 19 61
and control t, with	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE (In years)	Months Days Hours M'n
an al	10e	LISTAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stele, or to reign country)	12. CITIZEN OF WHAT COUNTRY?
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th c ng ph ease r d in a	13	FATHER'S NAME	
n plea	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address	· www
e ath The oval,	(Ye	s, no, or unkown) ((Ifyesgive werardelesofserv'ce)	
s that ian. by the writ.	-	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	ONSET AND DEATH
at per day		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) PULMONARY INFARCT	
w re ng pl sign ransi		Conditions, Tony, which Conditions, Tony, which Conditions, Tony, which Conditions	24 hrs (approx
he la endin been rrial-t		geve rise to immediate cause DUE TO	44-4
r aft has ha bu urial,		ceuse lest. (c) GENERALIZED ATHEROSCLEROSIS	JEN IN BARY IV. II IO WAS AUTORSY
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this shape of the state of the		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
View View Starter Fire Hear	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm 20f (City or town) factory, street, office bldg., etc.)	(County) (State)
DIN ained B. Af b deta pt. of	WE	p.m. 19 el work el work	D, 19.6.L, that (I) (we) last
CTO Id by e De		21. 1 certify that (I) (this hospital) attended the deceased from 3.1	
DIRECTOR State		220. SIGNATURE . ATTENDING MED. STAFF	22b. DATE SIGNED
		M.D. PHYS DIRECTOR PHYS.	
Page Page Page With t		MORRILL C. QUINNAM JR 7600 CARROLL HVE:	TAKOMA PARK
HOE	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 107, 101	wn or county) (Stele)
Sec. 22		constion 8/11/61 For Kucolu Courtery Toure Deorg	CISTAR'S SIGNATURE
YR A15 (4) 15M 9/60	24	10 the latter and office to be in a lat	Shua & Kronk
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY **b.** COUNTY Montgomery Kentucky MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) write RURAL and give neerest town] Bethesda (Rural) 39 days Anchorage d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RES DENCE ON A FARM? U. S. Naval Hospital YES NO X 3. NAME OF Middle 4. DATE Month Dey Year DECEASED OF 61 (Type or print) Sebastian Kieren August Francis DEATH 19 6. COLOR OR RACE 17. MARRIED X NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthdey) | Months | Deys Hours Caucasian WIDOWED | Male DIVORCED [10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Officer U. S. Marine Corps Michigan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie Gagnon Conrad Kieren IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) i (Ifyes give wer or dates of service) (例) Josephine B. Kieren Same as #2 above Yes 406 03 5280 18. CAUSE OF DEATH [Enter only one couse pen ine for (a), (b), ead (c INTERVAL BETWEEN ONSET AND PEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) mula geva rise to immadiata causa DUE TO (a), steting the underlying ceuse lest. PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIES 19. WAS/AUTOPSY PERFORMED? YES IX NO F 200 ACCIDENT WAS UNDERLYING 1 20b DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Part | or Part || of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm. 20f. (City or lown) (Stelle) Month, Day, Year (County) fectory, street, office bldg., atc.) While Hour s.m. Not While et work at work p.m. 21. I certify that (4) (this hospital) attended the deceased from July 15 ..., 1961, to August 23, 19.61 that (8) (we) last 2319 61, and that death occured at 9:50, from the causes and on the date stated above. saw the deceased alive or August 22b. DATE 220. SIGNATURE MED. STAFF SIGNED DIRECTOR PHYS. X August 24 1961 PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN! NAME (Type) U. S. Naval Hospital, Bethesda, Md. OSBORNE. CAPTAIN.MC. USN

23c. NAME OF CEMETERY OR CREMATORY

Arlington National

ADDRESS

23d, LOCATION (City, town or county)

Arlington

25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

AUG 2 8 '61

(State)

Va.

Chilling & Thomas

4)

238, BURIAL, CREMATION, 236 DATE THEREOF

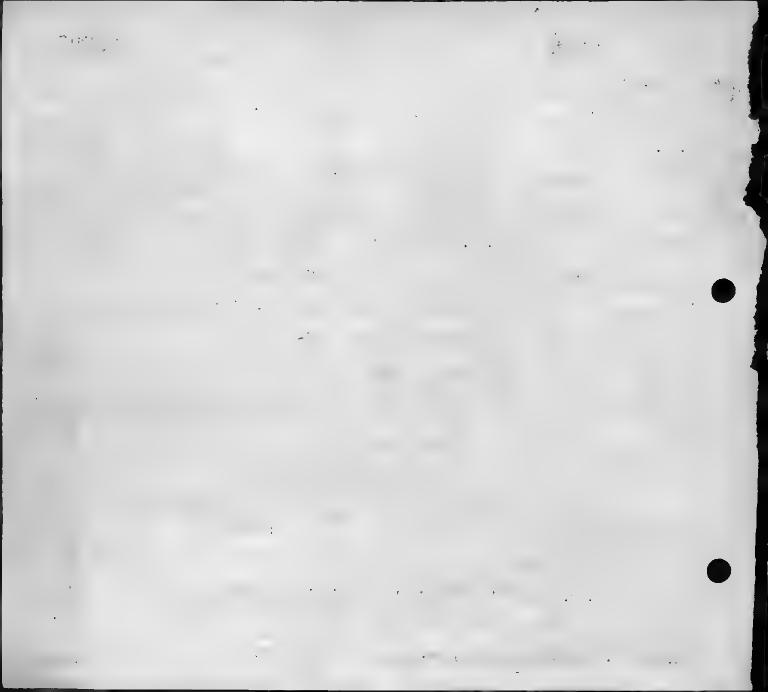
24 HUNGRAN DIRECTOR'S SPONATURE

28 August 1961

umphrey, Bethesda, Md.

REMOVAL (Specify)

of Health



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 9316 directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived If institution: Residence before admission) a. COUNTY filed a. STATE b. COUNTY MARYLAND lontgomery Maryland Montgomery funeral b CITY OR TOWN (If outs de carporate limits, write g c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town! v Kensington four days d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3112 McComas Avenue in by Suburban Hospital YES NOX NAME OF First Middle 4. DATE Month Year Day DECEASED (Type or print) DEATH Mrs. Bertha Alice AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Days Hause At 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED Days WIDOWED T DIVORCED July 12, 1886 75 Female White 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 117 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Homemaker oud Orth Home Randolph County, N.C. U.S.A. 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ğ 9 .5 Addison Albred Rebecca Elizabeth Connor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 3213 Greencastle Road Of yes, give wor or dates of service Mrs. Robert F. Grant Burtonsville, Maryland attending No please 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ! INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO á Canditians if any, which permi (b) gave rise to immediate DUE TO cause (a), stating the underlying cause lost. been si burial-transit PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONDITION GIVEN IN PART 1(b) 19 WAS ALTOPSY PERFORMED? has YES TO NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (State) þ factory, street, office bldg., etc.) Haur a m. While Not while p. m. at work at work 21. I certify that (I) (this haspital) attended the deceased fram. Live 1961, and that death accurred as 300, from the causes and an the date stated above. saw the deseased alive an. 22a SIGNATUR ATTENDING PHYS MED DIRECTOR August Board RAL D. 22c PHYSICIAN'S 22d ADDRESS NAME (Type) may be retained FUNERAL (Concord Street. Kens .. 10609 Robert Thibadeau. 230 BURIAL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) page the Sta (State) REMOVAL (Specify) Colesville Cemetery Rolesville, Montgomery, Maryland o 25h REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR AUG 2 4 '61 VR A15 (4) Inc. Silver Spring, Maryland arthur & Krassk 15M 9/59



AND STATE DEPARTMENT STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institutions Residence before admission) a. COUNTY Dlumb, ... MARYLAND b. Cri Y OR TOWN (if putside corporete limits, c. CITY OR TOWN (f outs de corporete limits, write RURAL end g've neerest town) e. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Tark. d NAME OF HOSP TAL OR INSTITUTION (if not in hosp tal, give affect address) ON A FARM? NES NO 3. NAME OF DECEASED (Typa or print) 7. MARRIED NEVER MARRIED 1 8. DATE OF BATH 9. AGE IN Years | IF UNDER ! YEAR last b rinday) Months | Days WIDOWED DIVORCED 10b. KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE County & State, or foreign country) MOTHER'S MAIDEN NAME 13. FATHER'S NAME E WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO (Yes, no, or unkown) (Ifyesgivewarordatasofservica) 18. CAUSE OF DEATH [Enter only one Jouse per line for (e,, (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) DUE TO of the lung gave rise to immediate cause DUE TO (e), stefing the underlying PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO L 20e. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18) OR CONTRIBUTING CAUSE OF DEATH 2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20a PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) Not While factory, street, office bldg., etc.) While el work | et work saw the deceased alive on 81 19.6./, and that death occurred at 450 M, from the causes and on the date stated above. 22b. DATE ATTENDING STAFF SIGNED DIRECTOR | PHYS. PHYS. eath. Page. FUNERAL PHYSIC AND 22d. ADDRESS Hugh W. Riggs Road, Hyattsville, 7105 NAME OF CEMETERY OF CREMATORY TORY 23d. LOCATION (City, town or county) 23. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Prince Georges County, Md. 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) AUG 2 1 '61 15M 9/60 arthur S. Kings



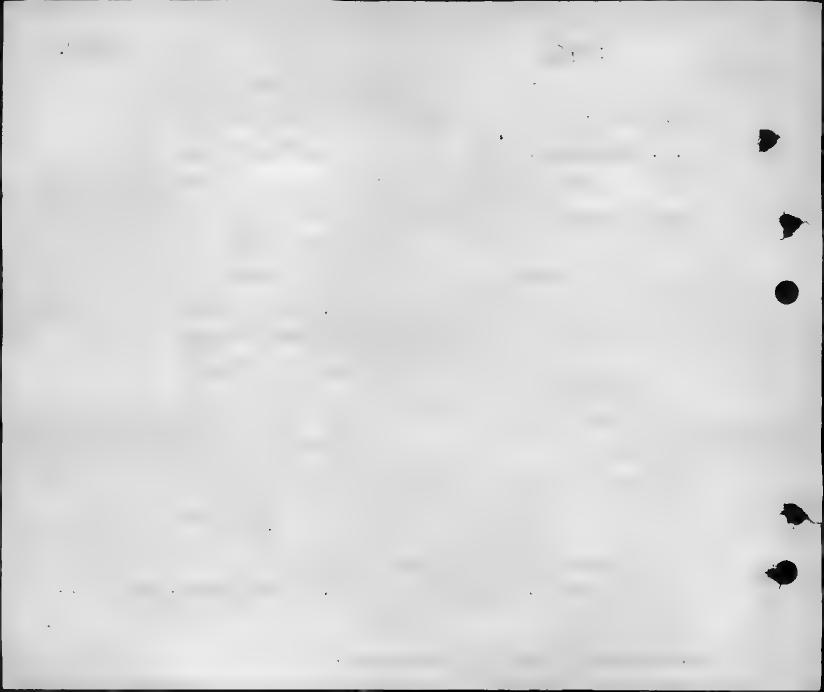
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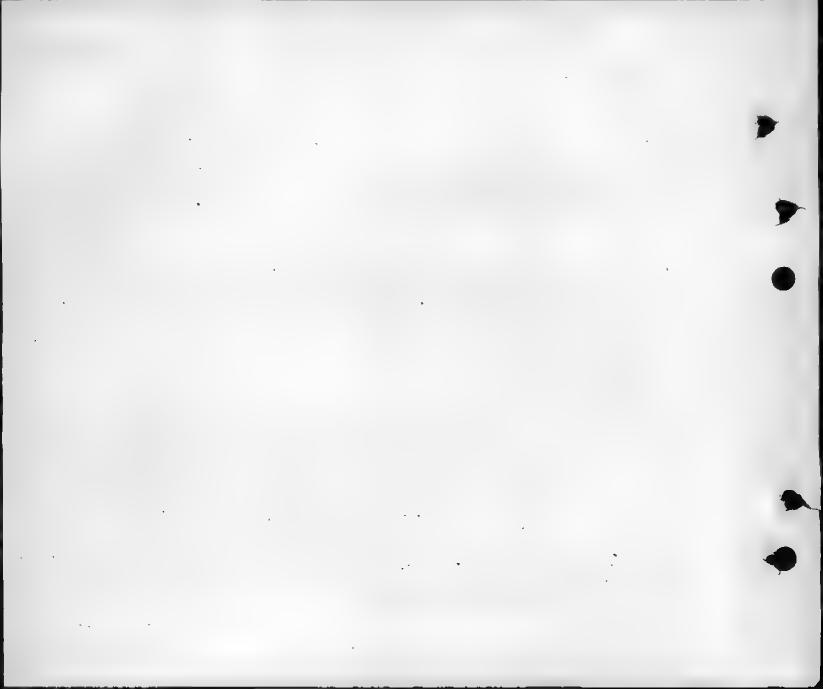
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

uneral director, Id be filled with 24 hours ofter death. COM gug an and carban physic tending

VS A15 (4) 15M 9/58



LAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND 9320 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed .vad, If Institution: Residence before edmission) e. COUNTY e. STATE **b** COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outs de corporeta I mi s. c CITY OR TOWN (Foulside corporeta imits, write RURAL and giv nearest lown) c LENGTH OF STAY IN 16 write RURAL and give nearest town) Springfield Springfield d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 5512 Pollard Rd. YES NO X Pollard Rd. Month 3 NAME OF First Midd a DATE DECEASED ROGER (Typa or print) Α. LaGUARDTA DEATH 1961 Aug. 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Male Mav W DOWED DIVORCED | 36 YES. 1Da. USUAL OCCUPATION (G va kind of work 10b. KND OF BUSINESS OR NOUSTRY 11 B.RTHPLACE 'County & Stat. or foreign country) | 12 CITIZEN OF WHAT COUNTRY? dona during most of working I fa, evan if ratirad) Georgetown - Hospital USA New York Administrative Asst 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Francesda Sciommari Gari LaGuardia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Addrass (Yes, no, or unkown) | [Ifyasgivawarordatasofsarvice] Barbara M. LaGuardia-wife-same 2d 577-30-31.88 18. CAUSE OF DEATH Enter only one cause per line for (a) (b), and (c) INTERVAL BETWEEN ONSET_AND_DEATH PART I, DEATH WAS CAUSED BY: IMMED ATE CAUSE (6) DUE TO hì gave rise to immediate causa **DUE TO** (e), stating the underlying WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERFORMED? % o NO F r use 20a ACCIDENT WAS UNDERLYING ____ 2Db DESCRIBE HOW NURY OCCURED. (Enter nature of in cry in Part I or Part I of Ilam 18.)
OR CONTRIBUTING ___ CAUSE OF DEATH , (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d NJURY OCCURRED ; 20a, PLACE OF INJURY (Homa, farm 20f. (City or lown) (Stata) 2Dc. TIME OF INJURY Month, Day, Year (County) fectory, straat, offica bldg , etc.) While Not While Hour 8 m. at work at work 21 | certify that (1) (this hospital) effended the deceased from. . , and that death occured at File from the causes and on the date stated above saw the deceased alive on...... #........ ATTENDING 22b. DATE 22e. SIGNATURE STAFF / SIGNED DIRECTOR PHYS. 22d. ADDRESS HYSICIAN' Viers Mill Rd., Rockville, JONES 23d. LOCATION (City, fawn or county). 23a, BURIAL, CREMATION, 1 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 0 = 3 Arlington, Virginia Arlington fNat. Cem. 258 REC'D BY REGISTRAR 7256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE AUG 9 VR A15 (4) Pumphrev Bethesda. Maryland 15M 9/60

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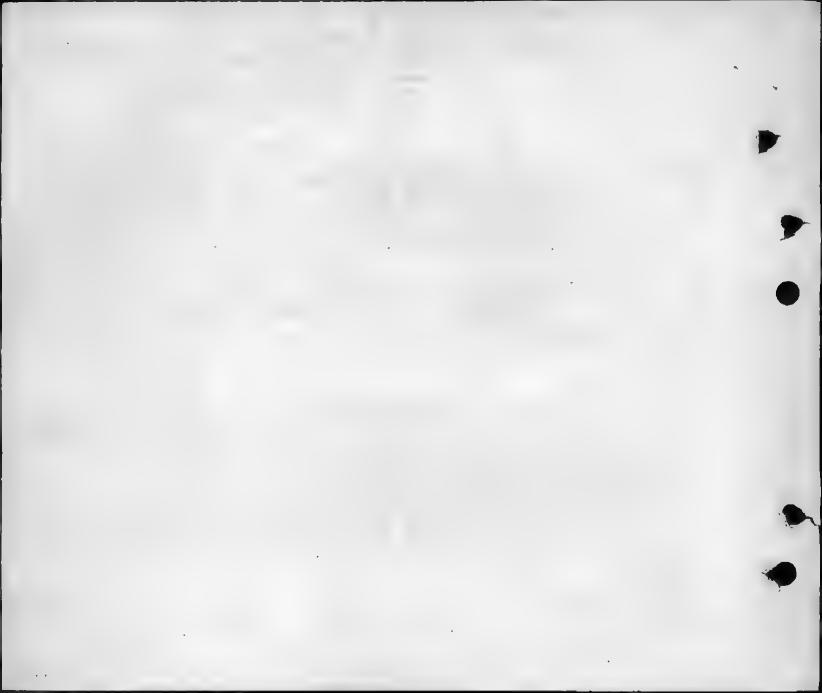
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

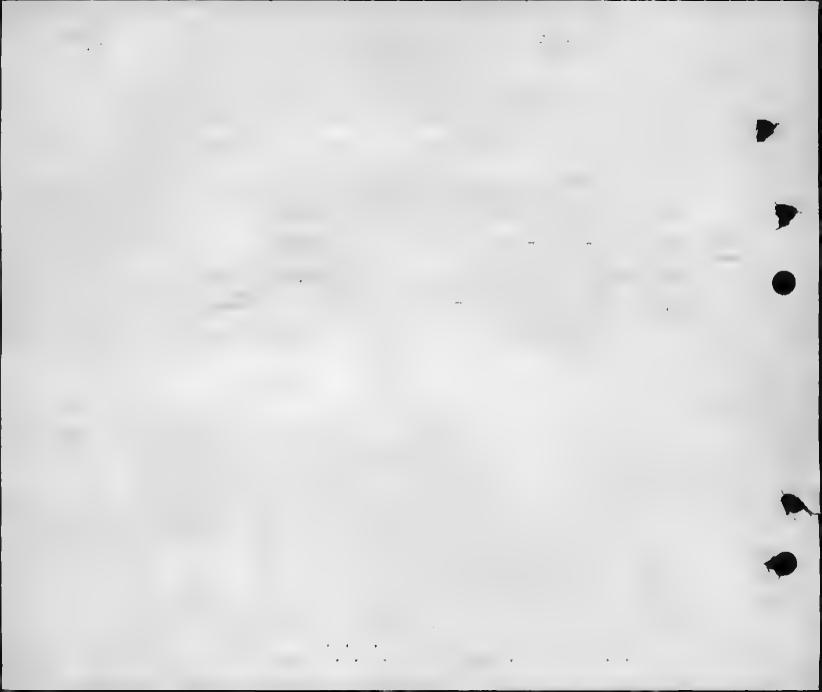
3321	CERTIFICATE	OF DEATH

Reg. Dist. No. 9312

1 PLACE OF DEATH a COUNTY			2 USUAL	RESIDENCE (Wh	iera deceased live		n Residence bef	are admission)
Montgo	mery	MARYLANI) 0. 31A1	o. STATE Maryland b. COUNTY Montgomery				
b CITY OR TOWN (If outside RURAL and give nearest to	corporate limits, write	c. LENGTH OF STAY IN 1	c. CITY	OR TOWN (If o	viside corporate l	limits, write RU	RAL and give no	earest town)
Chevy Cha	•	Since 1937	7 Ci	hevy Cl	nase		. #	
d NAME OF HOSPITAL (IF n	ot in hospitol, give street	address)	d STRI	EET ADDRESS				e. IS RESIDENCE
	hwood Dri	ve		6901 Be	eechwoo	d Dri	ve j	ON A FARM? YES NO EX
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Monte	, 0	Day Year
(Type or print)	William	Ers		Lamb	OF DEATH	Augus	t 7	19 61
5. SEX 6. CO	LOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF	BIRTH	9 A			R IF UNDER 24 HRS
Male Wh	ite WIDOW	VED DIVORCED	Se	ptember	r 1886°	74 yrs.	Months Days	Hours Min
10a. USUAL OCCUPATION (Give	kind of work done 10b	. KIND OF BUSINESS OR IN	DUSTRY 11 BIE	THPLACE (State	ar foreign country	rl	12 CITIZEN	OF WHAT COUNTRY?
Attorney-1		Patent Atty	1	Washin	gton D.	C.	USA	
13 FATHER'S NAME			··	IER'S MAIDEN N	IAME			
Francis	. Lamb			Peharol	h Ewin			
15. WAS DECEASEDEVER IN U	S. ARMED FORCES? 16		. INFORMANT			Addre	755	
No	we war or dates of service)	les Unknown	Bill :	Lamb-s	on-same	2d		
18 CAUSE OF DEATH [Er	ter anty one cause per l	ine far (o), (b), and (c).]		4	1		IN'	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CACHEXIA and EXHAUSTION					NSET AND DEATH			
1 5 1	DUE TO			· · · · · · · · · · · · · · · · · · ·	-	1101		
Conditions, if ony, wh	ā) " (PAPCINO	MA	of the	: 5:	- COM 1		5 VRS
gave rise to immedia	ote (DUE to				6 - 10		31	
lying couse lost.	ht-				,			
Z PART III. OTHER SIG	VIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	UT NOT RELATE	D TO THE TERM!	NAL DISEASE CO	NDITION GIVE	N IN PART Hol	19. WAS AUTOPSY
PART II. OTHER SIGN Y 200 ACCIDENT WAS UND OR CONTRIBUTING □ CAL U (IF EITHER, NOTIFY MEDIC)								PERFORMED? YES TO NO [24]
200 ACCIDENT WAS UND	RLYING 206. DE	SCRIBE HOW INJURY OCCUP	RED (Enter not	ure of injury in f	Part I or Part II of	rtem 18.)		
	SE OF DEATH L EXAMINER)							
20c. TIME OF INJURY Mon Hour a.m.	th, Day, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJU	JRY (Home, form	, 20f. (City or to	own)	(County	(State)
Hour a.m.	19 of we	Not white	factory, street,	office bldg., etc.	1			
		771	25 10	16. 1	110 0			
21. I certify that I a	Itended the decea:		<u> </u>		JAM !			saw the deceased
alive an	196	2/, and that dec	ith occurred	01/2-3	ZJW, I from the	e causes ar	nd on the di	ate stated above.
ACTUAL /	1/1	(5)	18	(つ)	ADDRESS (Street,	city or fown, si	late) t	DATE SIGNED
SIGNATURE // O	ace for	acres for	_w.o <u>7.0.</u>	<u> </u>	Corce	cons		S. Mury.
PHYSICIAN'S HOR	ACE H.	Custis	(R		NASY	lingi	Ion T) < 8/7/6
	. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATO	ξĀ	22d LOCATION	(City, lown, or	county)	(State)
Cremation	8/7/61	Cedar Hill	Crema	tory	Suitla	and, M	arylan	d
23 FUNERAL DIRECTOR'S SIGNA		ADDRESS	A	240 REC'I	D BY REGISTRAR		RAR'S SIGNATE	
Robert A. P	umphrey 1	Bethesda, M	aryıan	d DATE AU	G 9 '61	Cina	Ima S. Kina	us.A



LAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND 9322 CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where daceased lived, if institution; Residence before agress on) a. COUNTY 6. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mus. Takoma . IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) DEATH hony Lambas OR RACE , MARRIED X NEVER 5. SEX 8 DATE OF BRTH 9. AGE (In your IT UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE (County & State, or foreign country 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Restaurant-Owner- etired Treeae 13. FATHER'S NAME tending plant in please in please in 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO 17 INFORMANT (Yes, no, or unkown) (Ifyes give werordates of service) 18 CAUSE OF DEATH [Enter on y one cause per line for (e. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Thurseltons MMEDIATE CAUSE at DUE TO Conditions, if any, Which gava risa to Immediata cause DUE TO (a), stating the underlying causa last. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY 20b DESCRIBE HOW INJURY OCCURED, (Entar natura of ntury in Pert I or Part II of item . B 20a. ACC DENT WAS UNDERLY NG OR CONTR BUT NG [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED, 20e. PLACE OF INJURY (Homa, farm, 20t. (City or town) (County) (Stata) factory, streat, offica bldg., etc.) While Not While at work 21. I certify that (I) (this hospital) attended the deceased from december., 1957 tollings. 29, 1961., that (I) (m) last 1961., and that death occured at M. from the causes and on the date stated above. saw the deceased alive on Que 28 22b. DATE 22a. SIGNATURE **ATTENDING** SIGNED DIRECTOR PHYS. woalt PHYS. M.D 22c. PHYSICIAN S 22d. ADDRESS 880/ Colesville NAME (Type) Ussell B. Arnold M.D. 238. BURIAL, CREMATION, 236 DATE THEREOF 23d. LOCATION (City, town or county) (State) Lincoln Cemetery कें क 10 Georges Md. 258 REC'D BY REG STRAR 256 REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Krana The S.H. Hines Co. Washington 9. D.C. 15M 9/60 DATGE



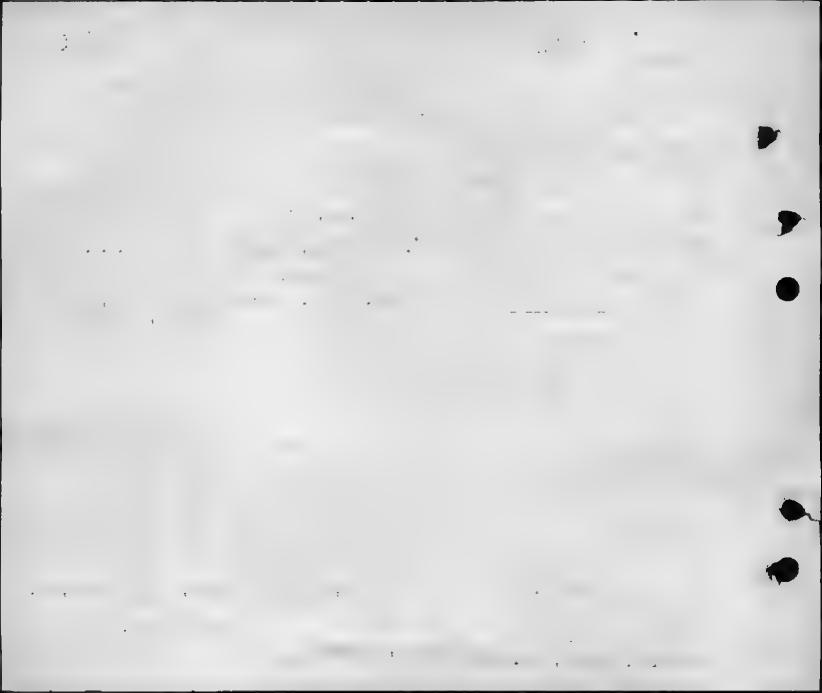
8434 Georgia Avenue

I DATE AUG 7

Circling S. Krons

15M 9/60

Warner E. Pumphrey, Inc.



RYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND REC RESTON STREET, BALTIMORE 1, MARY! ineral Item 4 #ilm G29 USUAL RESIDENCE (Where decassed lived, finst lution; Residence before admiss on) 1. PLACE OF DEATH e. COUNTY b. COUNTY Montg. MARYLAND b. CITY OR TOWN (if outside corporate I m ts, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'da corporata limits, write RURAL and give nearest town) ź Rural .⊑ Weeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? Mayon Rest Nome YES NO IN 300 N. Frederick Avendale 4. DATE Month Day DECEASED OF John Mills (Type or print) Lawson 1961 DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS 8. DATE OF BIRTH last birthdey) Hours Male White 5th WIDOWED [DIVORCED [physician remove 10a. USUAL OCCUPATION (G va kind of work | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working | fe, even if relired) Retires. auxter. Lee's Burg. Va. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 John W. Lawson Rebecca Mills WAS DECEASED EVER IN U.S. ARMED FORCES? ; 16, SOCIAL SECURITY NO 17, INFORMANT Address removal, (Yas, pp. or unkown) [(Ifyasgive weror detasofsarvice) Grace E. Partin. Rockville. Md. ig physician. signed by the a 18. CAUSE OF DEATH [Enter on y one couse per no for [a] [b], and (c)] INTERVAL BETWEEN ONSET AND DEATH Failure PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) burial-transit DUE TO of Paucreas affending Conditions, if any, which been gave rise to immadiate cause DUE TO (a), steting the underlying has 170 ò PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY certificate PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING I , 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of pipry in Part II of tram 18) OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After this 3 should be detached for EDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, streat, office bidgi, atc.) While Not While Hour e.m. et work et work p.m 10 2/16 21. I certify that (I) (this hospital) attended the deceased from, 19 saw the deceased alive on. A 22b. DATE 22a. ASIGNATURE ATTENDING SIGNED death. Per description of the filed with the DIRECTOR PHYS. PHYS. M.D 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 123c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) Lake View Mamilton. AFC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. YR A15 (4) 15M 9/60 Ernest C. Gartner. Gaithersburg. DATE

PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institution; Residence before admission) COUNTY Montgomery MARYLAND RINCE b. CITY OR TOWN (if custod corporeta limit write RURA, and give pearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate I mits, write RURAL end give nearest fown) 3 6 HyATTS VILLE d. STREW ADDRESS AKOMA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO JAShington NAME OF DECEASED (Type or print) DEATH 196/ 9. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Months WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) Interior VIRGINIA USA LECORATOR 13. FATHER'S NAME please 15. WAS DECEASED EVER IN U.S. ARMED ORCES? 1 16. SOCIAL SECURITY NO . 17. INFORM (Yas, no, or unkown) ((If yes give war or datas of service Hespita 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, fany, which gava rise to immediate causa **DUE TO** (e), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY NO 🗔 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Part I or Pert II of Item 10 IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 1 20f., (City or town) (County) (Stele) factory, street, office bldg., etc.) While Not While et work 1961, to lease 3 ..., 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Attack. 22b. DATE 22a SIGNATURE SIGNED PHYS. DIRECTOR PHYS. death. Part O PUNERADA 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, p 23e, BURIAL, CREMATION, 235 DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cedar Hill Cemeterv Prince Georges County. Md Buri a' 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Bladensburg Rd Wash DC 15M 9/60 DATE AUG B

physician

aftending

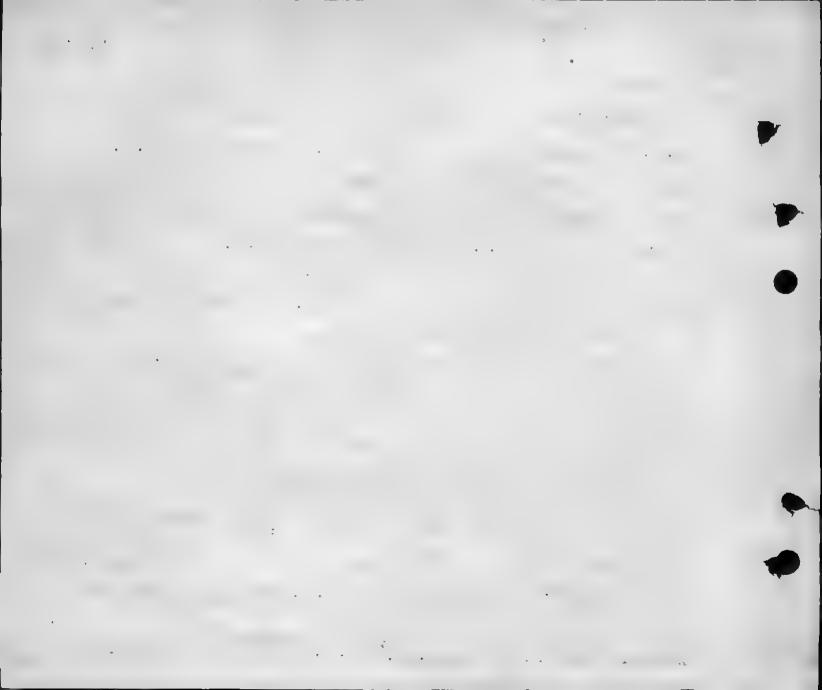
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MARYIAND STATE DEPARTMENT OF HEALTH DIVISION OF STANGENGAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence balore admission) a. COUNTY b. COUNTY District of Columbia Montgomery MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (It outside corporate timits, write RURAL and give nearest town) LENGTH OF STAY IN 16. write RURAL and give nearest town) 24 13 days Washington Bethesda (Rural) a, IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO X Fort Dupont St. Hospital . Naval 3. NAME OF DATE Month Midd.e DECEASED OF 19 61 Landreville pa (Type or print) TeDoux DEATH August 9. AGE In yeers | IF UNDER I YEAR | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH last birthday) Months | Days Hours WIDOWED DIVORCED [Male Caucasian 100. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) done during most of working life, aven if raticad) USA Washington, D.C. Officer 13. FATHER'S NAME U.S.Marine Corp 14. MOTHER'S MAIDEN NAME <u>a</u> 5 Ida M. Howe Onesime LeDoux 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewarordetesofservice)| Bertha T. LeDoux Same as #2 above Yes WW II INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause persons for (e), (b), and (c) is ٨ ONSET AND DEATH PART I. DEATH WAS CAUSED BY. signed IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions if any, which gave rise to immediata couse **DUE TO** (e), steting the underlying PART I. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)) 19. WAS AUTOPSY certificate PERFORMED? S 0 YES 🔣 NO 🖸 2Co. ACCIDENT WAS UNDER YING]
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Itam 18.) (State) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm 20f. (City or town) (County) é 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour em. at work et work to August 1319 61 that (4) (we) last19.61, and that death occured at 500, from the causes and on the date stated above. saw the deceased alive on August 13 226. DATE 220/ S GNAPURI ,1961 GNED ATTENDING August 14 PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYRICIAN'S JOHN M. LEWIS, LCDR MC USN U. S. Naval Hospital, Bethesda, Md. 23d. LOCATION (City, fown or county) (Stete) 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Va. なぎの Arlington National Arlington August 17,1961 Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Washington, 25a. TELE AN REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Home, Inc. 4th and Mass, N.E. 15M 9/60 DATE



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Di se de la companya di se de	death resulted from. Natural causes
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PUC exc uld b NER desig	EXAMINER'S NAME (Type) FLANK J. Broscham Addrass (Straat, city, town, or county)
DEP pase e should its do	228. BURIAL, CREMATION (22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 72d, LOCATION (City, town, or country) (State)
0 g 4 0 p	Burial 8/4/61 Parklawn Cemetery Rockville, Maryland
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE
5M 9 60	Robert A. Pumphrey Bethesda, Maryland Aug 7 '61 Cullum & Huma





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 8330 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY . STATE South Carolina b. COUNTY Montgomery the id 2 seth. MARYLAND b. CITY OR TOWN (if outs de corporete limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) E write RURAL and give neerest town) Bethesda (Rural) Spartanburg <u>15 days</u> d. NAME OF HOSPITAL OR INSTITUTION (if no. in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hou 1063 Boiling Springs Rd U. S. Naval Hospital YES NO 🔽 completely 3. NAME OF 4. DATE Middie Year paper DECEASED OF [Type or print] DEATH 19 61 Timethy Clark Idster August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) .F UNDER 24 HRS. and c lest birthday) Months Days Hours August 11. Male Caucasian WIDOWED [DIVORCED | 22 physician 10e. USUAL OCCUPATION (Give kind of work TOP, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE County & State, or foreign country! 12. CITIZEN OF WHAT COUNTRY 8 done during most of working life, even if retired) USA Child Japan 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please gui Robert Marchant Lister Evelvn Elizabeth Kimbrell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) #2 above Same as No Robert M. Lister 18. CAUSE OF DEATH [Enter only one course per una-for (e), (b , and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if envy, which (b) geve rise to immediate cause DUE TO (a), stefing the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 179. WAS AUTOPSY **(D)** PERFORMED? certificat YES X NO 1 use 6 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Perf I or Perf II of Iem 18) 206 ACCIDENT WAS UNDERLYING Ē Pol OR CONTRIBUTING FR CAUSE OF DEATH ealth (IF EITHER, NOTIFY MEDICAL EXAMINER) 2. After detached 1 20d NJURY OCCURRED 20s. PLACE OF INJURY (Home, farm. 20f. (City or town, 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work may be retained INRECTOR:
3 should be defined by State Dept. 21. I certify that #) (this hospital) attended the deceased from July 19. ..., 1961, to August 3, 1961, that 00 (we) last 19.61, and that death occured al2:00. PMm the causes and on the date stated above. saw the deceased alive on August 22b. DATE 22n. SIGNATURE SIGNED ATTENDING AAFD STAFF PHYS. DIRECTOR M.D. death. Page 10 FUNERAM page with t 22d ADDRESS 22c PHYSICIAN'S NAME (Type) R.P. DOBBIE, JR# CDR MC USN U. S. Naval Hospital, Bethesda, Md. rector, I 23d. LOCATION (City, fown or county) (State) 230, SURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ខ្មុំដ 4 August Burial - Shippment Spartanburg 25e, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE C. CHARLESS 24 FUNERAL DIRECTOR'S S.GNATURE VR A15 (4) AUG 7 Culling S. Trans , Washinton 15M 9/60 DATE



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) 1. PLACE OF DEATH COUNTY b. COUNTY MARKETY BUILDING b CITY OR TOWN (if outs de carporete t m ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If pyliside corporete limits, write RERA, and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS & NAME OF HOSPITAL OR INSTITUTION HE not I a. IS RESIDENCE ON A FARM? YES NO X NAME OF Middle Year DECEASED OF (Type or print) DEATH 19 6 9. AGE (LY yours IF UNDER 1 YEAR lest billinday) Months Days 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Hours WIDOWED D DIVORCED De. USUAL OCCUPATION (Give kind of work IDS. KIND OF BUSINESS OR NOUSTRY VII. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? (County & Stele, or foreign country) done during most of working life, even if retired))etIRe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. AMMED FORCES? [Yes, no, or unkown] (If yes give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ONSET AND EATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stelling the underlying PART I. OTHER'S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDIT ON GIVEN IN PART 1(6.) 19 WAS AUTOPSY certificate Se PERFORMEDA use 200 ACCIDENT WAS UNDERLYING UP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of in ury in Peril I or Part II of Irem 18.) 2De. TIME OF INJURY | 20d NJURY OCCURRED | 20e. PLACE Of .NJURY (home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work may be retain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from..... ..., and that death/occured at 175 M, from the causes and on the date stated above. 194 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M D page with It 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) leath. Par FUNEI lirector, p 23a. BUR AL CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) दै कें 0 क Rockvil Rockvi H ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda, Md. '61 DATE AUG 1 4 15M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Whate daceased I vad, If institutions Rasidence bafore edm ssign) MACOUNTY. b COUNTY b. CITY OR TOWN it outs de corporation i mits,
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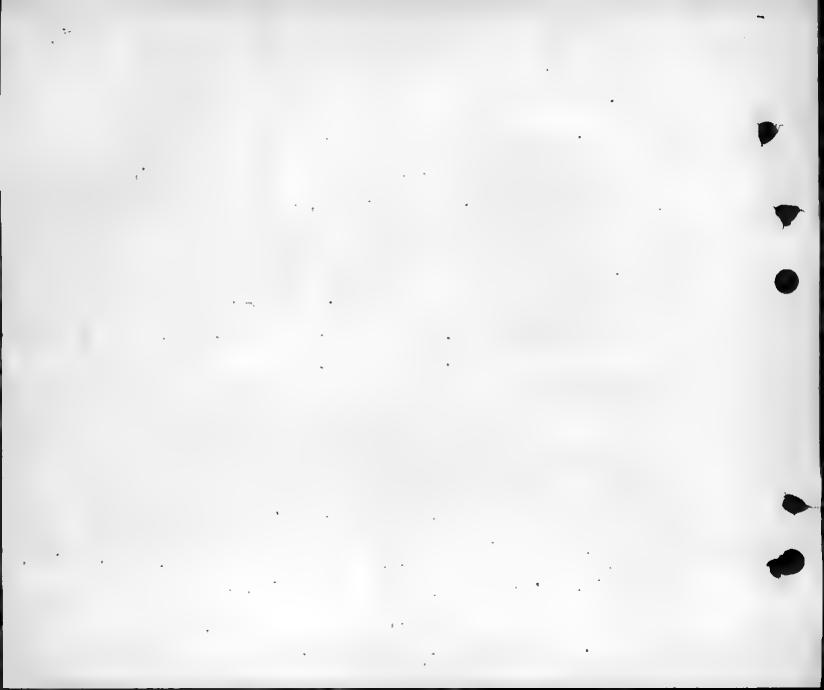
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

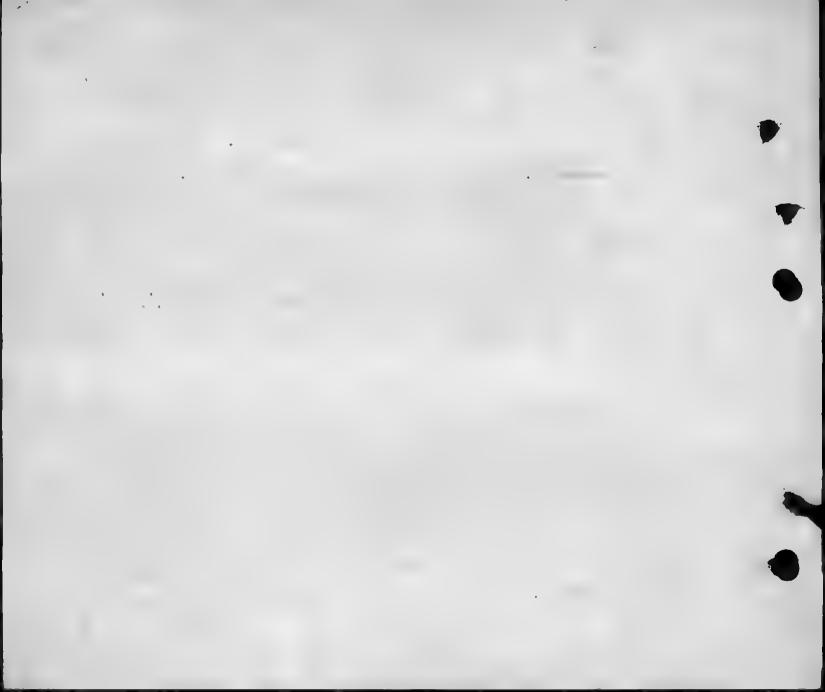
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MARYLAND STATE DEPARTMENT OF NEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased I ved. If institution: Residence before adm ssion) Jector, Page your files. d of Health, a. COUNTY Montgomery **b.** COUNTY Page a. STATE Maryland Montg. MERVIEND b. CITY OR TOWN (if outside corporata fimits, c. LENGTH OF STAY IN 15 c. City OR TOWN (If outside corporate limits, write RuRAL and give necrest fown) Takoma Park Years Takoma Park d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE Boar ò ON A FARM? 220 Park Ave 220 Park Ave. e retained the State B YES NO NAME OF M.ddle 4. DATE Year Jessie DECEASED F. Lockwood DEATH AUE. 26 (Type or print) 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED may be 2 with 5. SEX 8. DATE OF BRTH 19. AGE In years HE UNDER 1 YEAR | IF UNDER 24 HRS. Gry birthday) Months Days Hours 2, and 5 may nd 2 will hours female white WIDOWED TX DIVORCED [10a. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12, CITIZEN OF WHAT COUNTRY? ᇤ done during most of working life, even if retired) At Home housewife Ohio USA 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Not Available Not Available 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURTY NO. 17. INFORMANT 6323 McCombost. N.W. (Yes, no. or unkown) (Ifyesgivawarerdales of service) Olivia McMahon Washington, D.C. any Office along w burial-transit per 18. CAUSE OF DEATH (Enter only one cause per line for e), (b), and (c), l INTERVAL BETWEEN ONSETH CHEATH Coronary occlusion PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditons, I any, which geve rise la immadiate cause 15 **DUE TO** (a), sleting the undarlying Se cause (ast. cremation, PART J. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1, 8, 1 19. WAS AUTOPSY PERFORMED? 2 NO X pluo 20b DESCRIBE HOW INJURY OCCURED (Enter neture of Injury in Part I or Part II of itam 18.) 200 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Chief 62 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) age to bu 20c. TIME OF NJURY Month, Day, Year (County) (Slate) fectory, street, office bldg., etc.) While _ Not While ___ Hour e.m. a. work et work prior forwarded to the L DIRECTOR: Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K and in my opinion Natural causes 😿 Accident . Surcide Homicide Undetermined manner death resulted from: lease execute...he cl should be forward > FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 8/26/61 DEPUTY MED CAL EXAMINER **EXAMINER'S** DEPUT Frank J. Broschart NAME Type Address (Street city town or county) (51m m) own, or country) <u>5</u>40 § 248, REC'D BY REG STRARY 246, REGISTRAR'S SIGNATURE VS. AISME arthur & House 5M 9 60



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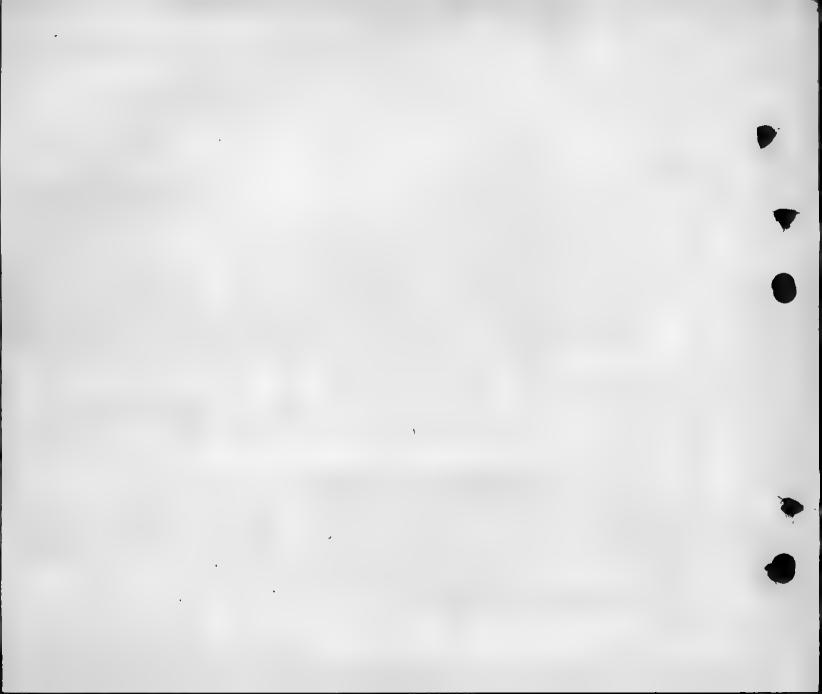
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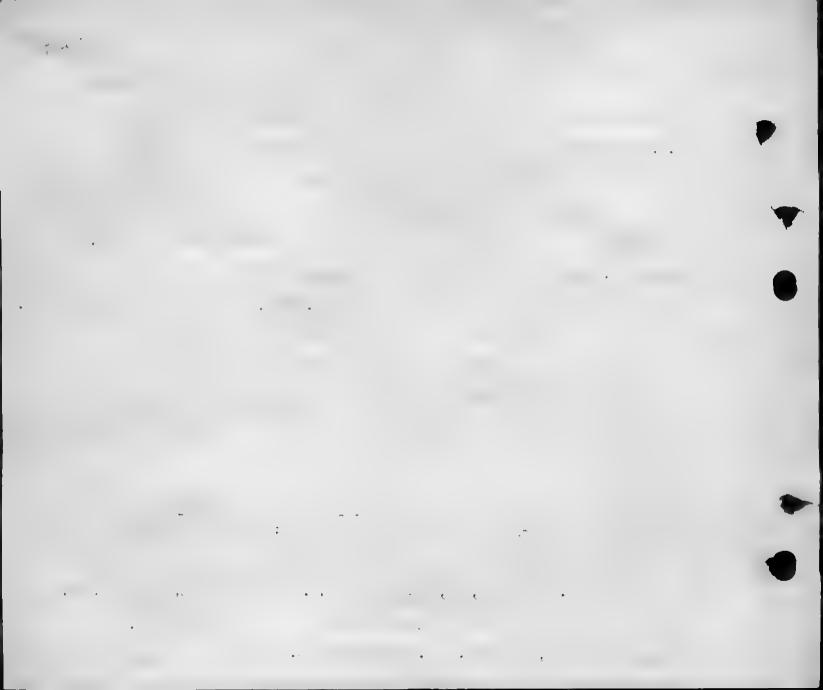
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9336 **CERTIFICATE OF DEATH** Rea. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b** COUNTY Kinlamen MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lawn) elver spring d NAME OF HOSPITAL (If payin hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO T NAME OF DATE Day Year DECEASED (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Dovs Hours WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 127 BIRTHPLACE (Stote of foreign country) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INPORMANT Address 2126 Viers Mell Rd. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stoling the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEASH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES | NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBETION INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. p. While Nat while ol wark ot work 21. I certify that I attended the deceased from 1964...that I last saw the deceased PM, from the causes and an the date stated above. and that death occurred at 2:50 _city or_lown, state) 3 22b. DATE THEREOF 220. BURIAL CREMATION, NAME OF CEMETERY, OR CREMATOR Town, or county) 22d_LOCATION (Slote) may REMOVAL (Specify) Ø 23. FUNERAL-DIRECTOR'S SIGNATURE ADDRESS 243/REC'D BY REGISTRAR 245. KEGISTRAR'S SIONALURE J. Totales 15M 9/55



7 1	DIVISION OF STATISTICAL RESEARCE	CHAND RECORDS, 301 W. PRESTON STREET, B. CERTIFICATE OF DEATH	ALTIMORE 1, MARYLAND
章 宣言 (1. PLACE OF DEATH		Uədak
the fune of 2 show	a, COUNTY Montgomery b, CIY OR TOWN If outlede composale imits	• STATE Maryland.	sad tived, If Institution: Rasidance bafore admiss of b. COUNTY
ithin 24	writa RURAL end give nearest fown} Bethesda (Rural) d NAME OF HOSPITAL OR INSTITUTION, if not in hosp ta	1 day al give street eddress d. STREET ADDRESS	0. IS RES DENÓ ON A FARM
popers. 1	U.S. Naval Hospital J. Name OF Froi Deceased (Type of punit) Frederick	3216 Toledo Place A dole	Month Doy Yes NO X AUGUST 5 19 61
earbon and con carbon and, within	5 SEX 6 COLOR OR RACE 7. MARRIED [Male Cauc WIDOWED [NEVER MARR ED . B DATE OF BRTH 9. A IN INC. DIVORCED 8-8-76	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
physician e remove	done during most of working life, even if retired)	One District of Colum 14. MOTHER'S MAIDEN NAME	'gn country) 12. CITIZEN OF WHAT COUNTRY bia U.S.A.
attending sittending al, and in	William F. LUTZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO (Yos, no, or unknown) [[fyosg]vawarordatasofsorvice]		Address
ician. by the ermit. To remov	Yes WWI 18. CAUSE OF DEATH [Enfar only one cause per ine PART I. DEATH WAS CAUSED BY: Retro	Richard L. LUTZ,6709 B	radley Blvd, Bethesda, Md INTERVAL BETWEEN ONSET AND DEATH
The law requi affending phys as been signed burial-transit p ial, cremation, o	Conditions, if any, which gave rise to immediate cause (a). Statute the underlying DUE TO	red aortic abdominal aneurysm	
IICIAN: Spital or rifficate these as the se as the or to bur	PART I. OTHER S GNIFICANT COND TIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO.	PERFORMED? YES A NO
this ce ad for u	OR CONTRIBUTING CI CAUSE OF DEATH	BE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of	
R. Afferdation of He	Hour e.m., While at work		
R ATTE ay be ret DIRECTO Should be State Dep	21. I certify that (I) (this hospital) attended saw the deceased alive on 8-5- 22a. SIGNATURE	1961, and that death occured a 2:184M rom th	STAFF 8 5 SIGNE
HOSPIT ath. Par. FUNERAL ector, page 3 filed with th	Joseph H. EUSTERMAN,	LT, MC, USN U.S. NAVAL HOSPI	TAL, BETHESDA, MD.
AL AIS (4)	23a, BUR,AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial August 8. 1961 24 FUNERAL DESCRIPTION SIGNATORS	Arlington National Arli	ngton, Va. R 25b. REGISTRAR'S SIGNATURE
15M 9/60		t. Ave. Hyattsville, Hd. NUG 8 '61	Onthur S. Kraus

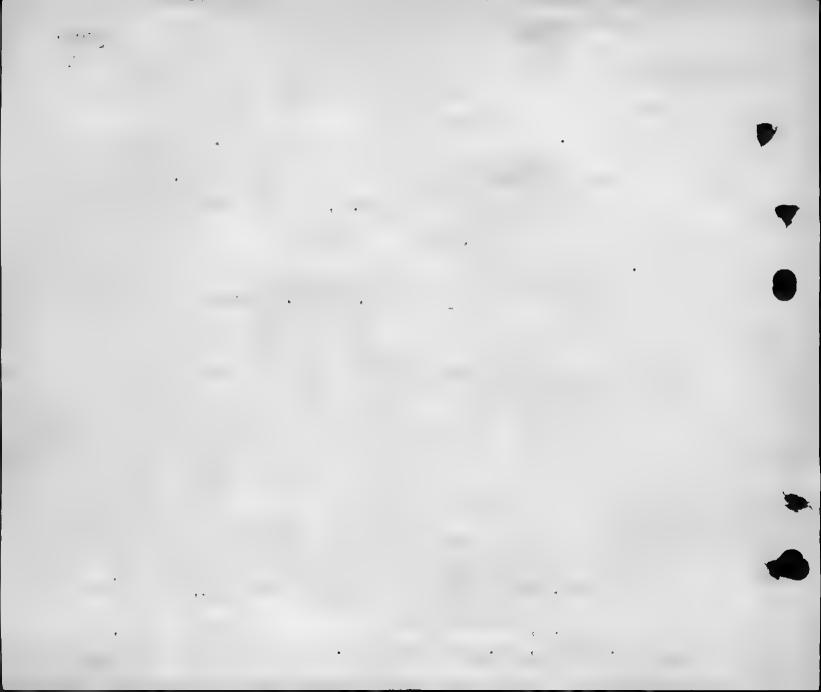


VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF DEATH • COUNTY GOME TY MARYLAND	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) o. STATE b. COUNTY Montgomery
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 1b SINVER SURAL and give genest fown 11 yrs	c. CITY OR TOWN (I outside corporete limits, write RURAL and give nearest town, Silver Spring
	d. NAME OF HOSP,TAL OR INSTITUTION (If not in hospite), give street eddress 4202 Dahill Rd.	d STREET ADDRESS 4202 Dahill Rd. 4202 Dahill Rd. 4202 Dahill Rd. 4202 Dahill Rd.
	3. NAME OF First Middle Of the Company Clarence Hamilton MacDougal	Lest 4. DATE Monin Day Year OF DEATH AUG. 26 19 61
	7. MARKED ATTER MARKED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 15 birthdey) Months Deys Hours Min. 75 yrs.
	TDe. USUAL OCCUPATION (Give kind of work done during most of working I fe, even if retired) Salesman Dept. Store	Tennessee USA
	James H. Mac Dougal	14 MOTHER'S MA DEN NAME Annetta Russ
		NFORMANT s. Edith G. MacDougal same (wife)
	18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DJE TO Conditions, If any, which (b)	genic Cances of months aresto Bones 2 months
. 1	(e), steining the underlying DUE TO cause lest. PART II. OTHER SIGN FICANT COND.T ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM NAL DISEASE CONDITION G.VEN IN PART 1(e, 19, WAS AUTOPSY PERFORMED? YES NO
		CE OF NJURY (Home ferm, 2Df. (City or town) (County) (Slate) only, street, office bidg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased elive on	death occured at 17 M, from the causes and on the date stated above.
	22e. Physician's Lohn J. Curry M. Curry M. M	ATTENDING MED DIRECTOR STAFF SIGNED 22b. DATE SIGNED 22d. ADDRESS 10,620 Georgia Ave., Silver Spring, 9/26/6/
1	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) BUrial Aug. 28, 1961 Parklawn Ceme 24 FUNERAL DIRECTOR'S SIGNATURE	
	Warner E. Pumphrey Inc. Silver Spring	Md. DATE AUG 2 9 '61 C. Flux S. Kraus



M.D.

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

Connor, M.D.

24 JUNERAL DIRECTOR'S SIGNATURE 8434 GEORGIA Avenue
Warner E. Pumphrey, Inc. Silver Spring, Maryland

22d. ADDRESS 9420

250 REGIDAY REGISTRAF

Old Georgetown Road, Bethesda

Prince Georges County, Maryland

25b. REGISTRAR'S SIGNATURE

arthur S. House

(Stote)

23d LOCATION (City, town, or county).

TOR af 9 may be reta Boord 3 should Page the St 0 1SM 9/S9

22c PHYS/CIAN'S

REMOVAL (Specify)

230. BUR.A., CREMATION, 236 DATE THEREOF

oseph

8/19/61





DIVISION OF STATIS	TICAL RESEARCH A	ND RECORDS — BALT
9341	CERTIFICA	TE OF DEATH
PLACE OF DEATH COUNTY MONTEON	MARYLAND	2. USUAL RESIDENCE (W

2. USUAL RESIDENCE (Where decreased lived. If it	institution. Residence before admission)
O. STATE MARY AND b. CO	TAMUS AND A TAMUS
11177RY 177N CL	MINTIONERY
c CITY OR TOWN (If outside corporate limits,	write RURAL and give rearest town)

	11/ONTIOMENU	MARTLAND		11195	24 /AMO		INONT	10mes	M
Ь	CITY OR TOWN (If outside corporate limits, write c LENGTH RURAL and give nearest lown)	OF STAY IN 16	-	CITY OR TOWN	If outside corpor	ote limits, write	URAL and give	learest town)	1
	13e Thesan	1/2 dues		130	theso	dA		,	
, d	d. NAME OF HOSPITAL (If not in hospital, give street address)			d STREET ADDRESS	,		,	e IS RESI	DENCE FARM?
17	OR INSTITUTION / Hoops	etal		5803	melv.	crw D	RIVE		NO 🔀
	NAME Fust,	Middle		Lost .	4. DATE	Moi	ath	Day Y	/eor
	Type of print) John	4	n	PARTYN	OF DEATH	Augu	et 1		90/
S. SI	EX 6. COLOR OR RACE 7 MARRIED NEV	ER MARRIED	8 DA	TE OF BIRTH		9 AGE (la years lost birthday)	Months Da	EAR IF JNDER	R 24 HRS Min.
	Min/e White WIDOWED	DIVORCED [0	July 4 1	887	72/ yrs	Months Do	ys (100/3	even,
10o.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BI	USINESS OR INDI	USTRY	11. BIRTHPLACE (SH	ate or fore yn co	untry)	12, CITIZEN	OF WHAT CO	DUNTRY?
	Ketired NAVY	VarRd-		WAS	hingt	for DO	C. (1.519	,
13. (FATHER'S NAME	1,,,,,	14	. MOTHER'S MAIDE	N NAME/			•	
	Charles MARTI	1 W		5	TANK	Min	NIC		
	WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SEC	URITY NO 17	INFOR	MANT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Add	lress .		
(Yes.	(If yes, give war or dates of service)	= 6	TOR.	ence MAR	tyn)w	ife.	Dame a	ro ato	gul.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (i	2), and (c).]	No.		11	1		INTERVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY:	· + + + ·		7 , , -+	211	× 6 .	1		J
	DUE TO	1	-	,	/	1		/	*
	Conditions, if ony, which)			1.19 7	t' 1 "	1 2 1		1 17	
	gove rise to immediate	- 1		4		<u> </u>			
	couse (a), stating the under. lying couse lost (c)	77-1		2: - 12/1	2-/ /	1.1	. 1		
N _O	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BL	JT NOT	RELATED TO THE TE	RMINAL DISEASE	CONDITION GI	VEN IN PART I		
CATIC				,				YES TO	
I H	200 ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW	INJURY OCCUR	RED. (Er	nter noture of injury	in Part I or Part	If of item 18.)			
CERTI	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCC			OF INJURY (Home, I		or lown)	(Cou	nty)	(State
MEDI	Hour o.m. While Not w	mile	foctory,	street, office bldg.,	etc.)				
~	F ***		C. k	2.0	101 A 1-	Cur.	20 /01	Mark (IX 6	
	21 certify that (I) (this haspital) attended the d								
	saw the deceased alive an 8 - 10 199	1.X , and that	deof	n'occurred atto	15'M, fram	the causes a	nd an the d		DATE
	Whilip K. James		44 =	ATTENDING	MED.	STAFF	-	120/57	S GNED
	22c PHYSICIAN'S		M.D.	PHYS. 22d. ADDRESS	DIRECTOR L	PHYS.	8,	10/61	
	NAME (Type) Philip R Tames				ngton (Clinic.	Wash	n c	1

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

23g BURIAL, CREMATION, REMOVAL (Spec fy) 8/14/61

Cedar Hill Cemetery

nd. Maryland
25b REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

Bethesda, Maryland

250 RECID BY REGISTRAR arthur & Krans

thin 24 hours after death. Page 4 uneral director, ld be filed with physician and campletely filled in by emove carbon papers. Pages 1 and 2 remove corbon papers. OR; After this certificate has been signed by the attending Then please permit. as the burial-transit cremotion. burial. page 3 should be detache the State Board of Health

TO HOS! may b TO FUNE



. / 1	MARYLAND STATE DEPARTMENT OF HEALTH
4	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1 in ()	CERTIFICATE OF DEATH
事。	1. PLACE OF DEATH 3342 2. USUAL RESIDENCE (Where decessed lived, It institution: Residence before edmiss on)
ू वह	a. COUNTY b. COUNTY b. COUNTY
하는 무무 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	6 CITY OR TOWN (Houltside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outs de corporate limits, write RURAL and g. V. Juarest Iown)
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	AZITS KUKAL end give neerest town)
E 1 1	d. NAME OF HOSPITAL OR INSTITUTION of not an hospital give street address) of STDEFT ADDRESS.
	ON A FARM?
4 5 5 4 V	Suburban Haspital Daso Evan Arive YES NO N
e de la	3 NAME OF First Midd's Last 4. DATE Month Day Year OF
ex di di di	(Type or print) John / Mc Carthy DEATH (dug 25 196/
P ÷ ÷ ±	5 SEX 6. COOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 HRS. last birthday) Months Days Hours Min.
은 일 등	MATE WIDOWED DIVORCED Sept 28. 1912 42 yn.
iced cian cian ove eve	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY?
ertij rysi rysi ny	SA/E Representative DAMES Creed, C. D.C. 4517.
i programa	13. FATHER'S NAME
a de la	JOHN W. ME CARTHY DRIDGET IN KEED.
e ,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Signify Special Security No. 17 INFORMANT
at he of the ova	NO ST9-20-1709 Mrs. Jens mo Carthy 2200 Evers. Duri
単 電气 き し	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c)
ires sicia d by or	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute left Congestive Heart Failure 3 Hours
Sit p	US O DUE TO
¥ r P sign nation	Conditions, if any, which } (b) Coronary Thrombosis Street
a tree creater	gave rise to immediate cause
T at a ba	(a), stating the underlying DUE TO Hypertansie Cardio Vascules directed 3 ups.
# 2 0 5 E	PART 11. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16-11 19. WAS AUTOPSY
te as of	PERFORMED?
SIC OSP	YES NO LL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OF THE OF TH
Te so C	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER
### P##	
56 8 8 2	
det det	Hour e.m. While Not While racrofy, street, office bigg., etc.) ,
	21. I certify that (I) (this hospital) attended the deceased from 7. / 21 , 19 61, to . 8. / 25, 19 61, thet (I) (we) last
F SC P P	saw the deceased alive on
# F.E. 중 S	228 SIGNATURE 225, DATE SIGNED. STAFF SIGNED
नुरु है	Henry Abul Mad. PHYS DIRECTOR PHYS.
E SE SE	22c. PHYSICIAN'S NAME (Type) 1/1 CT TO SILVER
S.P.	MAME TYPE N. W. STOUT MD LOOK GEORGIA AUE SPRING ME
Start Start	238. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
/ / LEOGO	BURIAL 0-28-61 GATE-OF- HEAVEN MONTGONIERY GUNTY, 192
F H VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WITH 250. REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	France Colline 3821-147. St. M. ci DATE arthur I. House



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, It institutions Residence before admission) a. COUNTY **b.** COUNTY a. STATE Virginia Montgomery MARYLAND b. CITY OR TOWN (if outside corporate f mits, E LENGTH OF STAY IN TO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town, write RURAL and give negrast town? Bethesda (Rural 29 days Colonial Beach d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? U. S. Naval Hospital 524 Lafayette St. YES NO IX Last 4. DATE Month M ddle DECEASED OF 19 61 (Type or print) DEATH Edward McCartney August 11 Earl 5 SEX 6 COLOR OR RACE T MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR | IF UNDER 24 HRS. last b rthday) Months | Days 10-12-89 Caucasian WIDOWED [Male D VORCED 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BERTHP. ACE County & State, or loreign country. 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired USA **Indiana** U.S. Navy Armed Forces 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thurza M. Treadway Frank McCartney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address. Yes, no, or unkown) ((fyesgivewerordelesofsarvice) WW Hospital records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSO AND PEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying causa Jast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY (Stata) Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY Home, farm, 201. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While et work et work 21. I certify that X) (this hospital) attended the deceased from July 13 19 61 to August 1119 61 that XX (we) last ...19 61, and that death occured a 2:500, from the causes and on the date stated above saw the deceased alive on August 11 22b. DATE 22a. SIGNATURE JGNED ATTENDING MED. STAFF 1961 OCAR & PHYS. DIRECTOR PHYS. August 11 Vares 22c. PHYSICIAN'S 22d. ADDRESS

.6 * after 8 pai aftending has ihe H চ S 2 3 should be del FUM. O ÷ å 15M 9/60

funeral

by the and 2 death.

VR A15 (4)

23a. BURIAL, CREMATION, | 236, DATE THEREOF REMOVAL (Specify) August 74 Burial

NAME (TYPPAUL G.

Linaweaver

Arlington National

U. S. Naval Hospital, Bethesda, Md.

23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY

Arlington

(Stelle) Va

Slaw Funeral Home, Colonial Beach, Va.

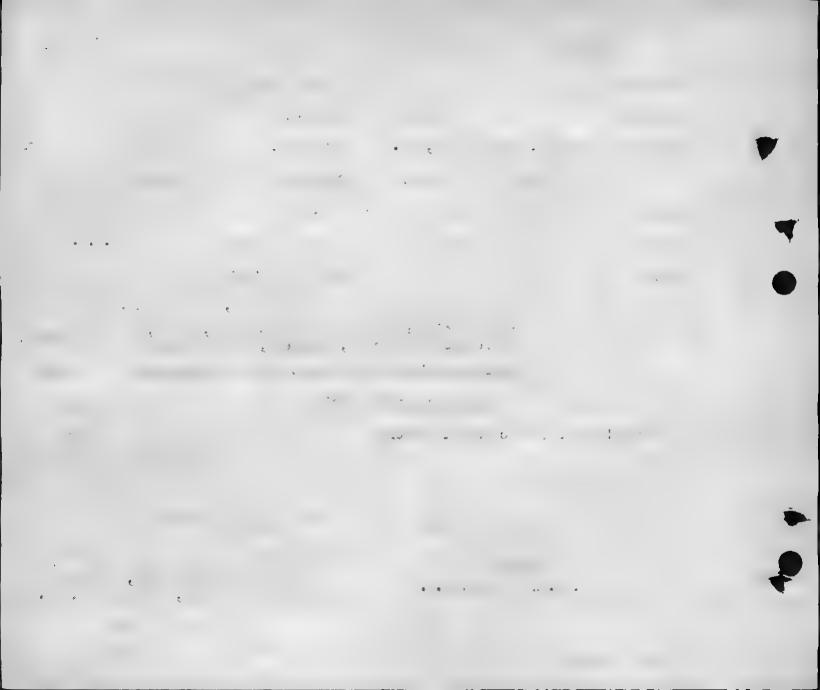
25a. ALCO BY REGISTRAR | 256 REGISTRAR'S SIGNATURE

Chilling 2. Krays



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9344 funeral should 2. USUAL RESIDENCE (Where deceased I ved, If nsti, ution, Residence before edmission I. PLACE OF DEATH a. COUNTY **b.** COUNTY Montgomery 후건. MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, pue c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) P write RURAL and give neerest town) after Bethesda (Rural) 15 Days Annapolis ages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? YES NO X U. S. Naval Hospital . Sycamore Court NAMEOF 4. DATE M dale DECEASED OF (Type or print) DEATH 1961 McCoy Cynthia August Ann 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR . IF UNDER 24 HRS. lest birthday) Months Days and Hours WIDOWED [DIVORCED 158 Female Caucasian EIRTHPLACE (County & State, or foreign country) 106. KIND OF BUSINESS OR INDUSTRY 10a, USUAL OCCUPATION (Give kind of work physician 1 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, even if retired) Marvland USA Child 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME guipu Patsy Ruth Oliver Lonnie Joe McCoy ă 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Then Address (Yas, no, or unkown) [(Ifyes give wer or detas of service) removal Lonnie Joe McCoy Same as # 2 above 18. CAUSE OF DEATH [Enter only one cause per line for (a), ,b), and (c)] INTERVAL SETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Total anamolous pulmonary venous drainage IMMEDIATE CAUSE .a. DUE TO Congenital heart disease Conditions, If any, which (5) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY Φ PERFORMED? YES X NO [20b. DESCRIBE HOW INJURY OCCURED. Enter neture of injury in Pert Lor Pert L. of item 18,1 206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After 13 should be 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg , etc.) , While Not While Hour am, at work I at work 21 I certify that OK (this hospital) attended the deceased from August 7......, 19.61 to August 22, 19.61, that (1) (we) last saw the deceased alive on August 22 19, 61, and that death occured aLQ: 5%. From the causes and on the date stated above. 22e S.GNATURE uccellistian SIGNED DIRECTOR PHYS. August 22. 22É. PHYS CIAN'S 22d. ADDRESS NAME (Type) J. E. McClenathan, CDR MC USN U. S. Naval Hospital, Bethesda, Md. 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata) 23a. BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Spacify) % ಕ್ಷಕ್ತಿ ೩ Ala. Beulah Church Cemetery Albertville Burial - shippment 23 August 1961 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE NO 2 4 '61 arily S. Kraus 15M 9/60 Rockville, Md.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) B. COUNTY New York b. COUNTY Montgomery MARYLAND b. CITY OR TOWN if outside corporate limits c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest lown) E LENGTH OF STAY N 16 write RURAL and give neerest town) Sherrill. Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X 434 Kinsley Street The Clinical Center. Bethesda 14. DATE Month DECEASED OF (Type or print) DEATH 10 1961 Ann McQuade August 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) Months July 11. WIDOWED DIVORCED [Female 10e USJAL OCCUPATION (G vs kind of work 10b. K ND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE County & Slete, or foreign country) 1 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Student None New York U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Janette Crandell Leonard L. McQuade 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOC AL SECURITY NO. 1 17. INFORMATTHE Modical Recordings (Yes no, or unkown), (Ifyasg vewerordetesofservice) The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for a) (b), and (c,) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Preumonia. Years MMEDIATE CAUSE (e) DUE TO Cystic Fibrosis 10 years Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO 1 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Day Year fectory, street, office bldg., etc.) While _ Not While Hour e.m. saw the deceased alive on August 22e SIGNATURE ATTENDING PHYS. 🗺 DIRECTOR T PHYS. 22c PHYSICIAN S 22d The Clinical Center, National Institutes NAME (Type) GERALD F. POWELL, MD of Health, Bethesda 14, Maryland 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION | 23b. DATE THEREOF 1 23e. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) Oneida New York Valley View, 8/11/1961 Bur-transit 256. REC D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ADDRESS

Bethesda, Maryland

DATE AUG 1 4 '61

arthur & House

completely event love ysician Affer RECTOR: **Phould** O HOSPITA death. Page O FUNERAL £ å VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

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by H



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3	carbon papers.	it, within	

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TIACOU	death. Page	TO FUNERAL MECHOR: A	rector, page 3 sh	he filed with the first Dans of
2	VR 15/	OH AT	5 2/6	40

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0025

H					
ľ	PLACE OF DEATH e. COUNTY		 USUAL RESIDENCE (Where a. STATE 	deceased lived, If institutions Re b. COUNTY	sidence before admiss on
-	Montgomery b CITY OR TOWN (if ours de corporete l.m.ts, write RURAL and give neerest town)	c. LENGIH OF STAY IN 16	Maryland	Mor	ntgomery
-	Kensington d NAME OF HOSPITAL OR INST.TUTION (IF not in he	psp tal, g ve street address	Kensingto	on	e, IS RESIDENCE
3.	NAME OF DECEASED Street	e t Middle	lest 3307 Oben	ron Street	YES NO Dey Yees
5	(Type or puni) SEX 6. COLOR OR RACE 17. MARR.		Menefee , DETT DATE OF BIRTH	THE STATE OF THE S	3 19 61 EAR IF UNDER 24 HRS.
10	Temale White WDOW a USUAL OCCUPATION (Give kind of work 10b	ED DIVORCED DIVORCED NITH	11/28/64 , 11. EIRT HPLAUE (Cou. vy d. Stele, o	96 yrs 8 D	B Hours MA
	nne during most of working life, even .f retired) Housewife FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAME	USA	A
15	John R. Gould WAS DECEASED EYER N.U.S. ARMED FORCES? 16	SOC AL SECURITY NO 17 II	Amelia Mege	Address	
ľ	No (Ifyesgivewerordetespfservice)	None Je	an Sartwell-dau	ighter-same	24
2.7	18. CAUSE OF DEATH [Enter only one cause per	,ine for (e), (b), and (c),]		AGUICOI - Damic	, INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Uremia			3 LC-CLAS
L	HH V DUE TO				- are waters.
	Conditions, if eny, which (b)	rteriosclero	tic renal a	is ease	Years
	gava rise to immadiate cause (a), stating the underlying DUE TO	1 . 1	A ₁	1 . 1	61
_	cause lest. (c) C	rterio sclen	ISIS fenere	11389	
CATION	PART I. OTHER SIGN F CANT CONDIT ONS CO		RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN FART 1	(e) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	QOe. ACCIDENT WAS UNDERLYING [20b DE OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCR BE HOW INJURY OCCURED.	[Enter neture of injury in Pert i or Pert	II of tem 1B }	
MEDICAL	Hour a.m. Whi		.E OF INJURY (Home farm 20f (Cr ry, streat, office bldg , atc)	ty or town) (Count	y) (Stele)
	21. I certify that (I) (this hospital) atter	ided the deceased from.	March., 1961, to	august 3, 196	/., that (I) (we) las
L	saw the deceased alive on	it. 1. 19 41. , and that	death occured at 5.29M, from	m the causes and on the	e date stated above
	Celher S, He	rton m.	ATTENDING MED.	STAFF PHYS.	22b, DATE SIGNE
	NAME (Type fred). Norton	, A.D.	4711 Highland	Ave., etre	4, 11.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOC	CATION (City, fown or county)	(Steta)
	<u>Burial 8/5/61</u>	Loudon Pk. C		timore, Mary	yland .
	Robert A. Pumphrey Be	ethesda, Mary		STRAR 256 REGISTRAR'S SIGNAL S	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

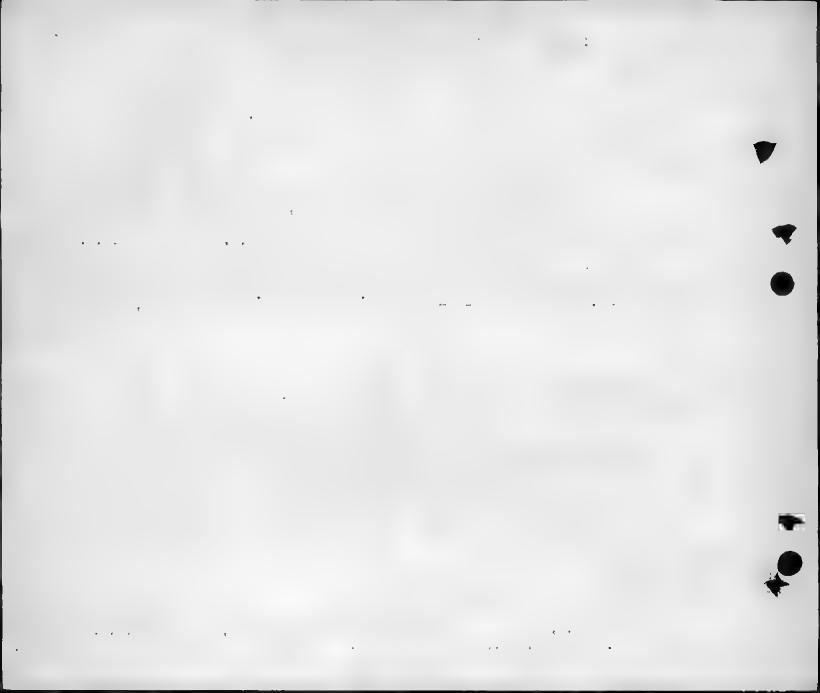
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PLACE OF DEATH			
a. COUNTY		2 USUAL RESIDENCE (Where deceased lived If	
Montgomery	MARYLAND	Maryland	OJNTY
b CITY OR TOWN (f outside carporate li RURAL and give nearest lawn)	imits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits,	Montgomery write RURAL and give nearest lawn)
	geven vears	Silver Spring.	•
Silver Spring d NAME OF HOSPITAL (IF not in hospital OR INSTITUTION	, give street oddress)	d. STREET ADDRÉSS	IS RESIDENCE ON A FARM?
303 Ladson Road		303 Ladson Road	YES NO
(Type of print)	First Middle	Lost 4. DATE OF DEATH AUG	Manth Day Yeor 15 8 19 61
SEX 6 COLOR OR RAC		etcalf B. DATE OF BIRTH 9. AGE (1	
Male white	WIDOWED DIVORCED	lost bir	
		August 13, 1905 55 STRY 13 BIRTHPLACE (Stote or foreign country)	12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if retire	ed)		
CafeXteria Manager	Food Services	Washington D.C.	U.S.A.
rank John son		Virginia Clabaugh	
WAS DECEASED EVER IN U.S. ARMED FO	ORCES? 16 SOCIAL SECURITY NO 17, II	NEORMANT	Address
NO (If yes, give wor or dates o	of service) 214-03-8683 Mr	s. Elizabeth P. Metcalf Silver	303 Ladson Road Spring Maryland
18. CAUSE OF DEATH [Enter only one	couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE		vary Jusufficiency	SUDDEN
Due:			- 1,50 % (1 = 1.1.
Candilians, if any which)	arteriorde	whicheart dissure	
gove rise to immediate	(b) 000000000000000000000000000000000000	-	
lying cause last.	(c) Generalized	arterioschrosis	SEVERAL YE
PART II OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
			YES NO
	20b. DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Port II of Item	YES NO X
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	206. DESCRIBE HOW INJURY OCCURRE		18) YES NO X
OR CONTRIBUTING CAUSE OF DEAT	20b. DESCRIBE HOW INJURY OCCURRE R) Year 20d. INJURY OCCURRED 20e PL	D (Enter nature of injury in Part I or Port II of item ACE OF INJURY (Hame, form, 20f, (City or town) ctory, street, office bldg., etc.)	YES ON DEST
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINES 20c. TIME OF INJURY Month, Day, Haur a.m.	Year 20d. INJURY OCCURRED While Not wark of wark	ACE OF INJURY (Hame, form, 20f. (City or town) ctory, street, office bldg., etc.)	(Caunty) (State)
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Haur a. m. p. m. 19	20b. DESCRIBE HOW INJURY OCCURRED Year 20d. INJURY OCCURRED fa While Not while at wark of wark tall ottended the deceased from	ACE OF INJURY (Hame, farm, 20f. (City ar town) ctory, street, office bldg., etc.)	(Caunty) (State)
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINES OF INJURY Month, Day, Haur a. m. p. m. 19 21. 1 certify that (1) (this haspit saw the deceased alive an	20b. DESCRIBE HOW INJURY OCCURRED Year 20d. INJURY OCCURRED fa While Not while at wark of wark tall ottended the deceased from	ACE OF INJURY (Hame, form, 20f. (City or town) ctory, street, office bldg., etc.)	(Caunty) (State)
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, have a.m. p. m. 15	20b. DESCRIBE HOW INJURY OCCURRED Year 20d. INJURY OCCURRED fa While Not while at wark of wark tall ottended the deceased from	ACE OF INJURY (Hame, farm, 20f. (City ar town) ctory, street, office bidg., etc.) 1967 to Geath accurred at 1968, from the county of the	(Caunty) (State) (Caunty) (State) 18) (Caunty) (State) (State) 18)
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINES OF INJURY Month, Day, Haur a. m. p. m. 19 21. 1 certify that (1) (this haspit saw the deceased alive an	20b. DESCRIBE HOW INJURY OCCURRED Year 20d. INJURY OCCURRED fa While Not while at wark of wark tall ottended the deceased from	ACE OF INJURY (Hame, farm, 20f. (City or town) ctory, street, office bldg., etc.) 19.67to	(Caunty) (State) (Caunty) (State) (St
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINES 20c. TIME OF INJURY Month, Day, Haur o. m. p. m. 21. 1 certify that (1) (this hospit saw the deceased alive on	Year 20d. INJURY OCCURRED While at wark of the deceased from 1961, and that at the deceased from	ACE OF INJURY (Hame, form, 20f. (City or town) ctory, street, office bldg., etc.) 19.67. to Associated at 19.68, from the county of the count	(Caunty) (State) (Caunty) (State) (St
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINES 20c. TEME OF INJURY Month, Day, Haur a. m. p. m. 21. 1 certify that (1) (this hospit saw the deceased alive an	20b. DESCRIBE HOW INJURY OCCURRED Year 20d. INJURY OCCURRED While Not while of wark of wark of wark of wark 10 Ottended the deceosed from 11 OTTMAN REOF 23c NAME OF CEMETERY C	ACE OF INJURY (Hame, form, ctory, street, office bidg., etc.) 1967. to Associated at 1967. to Associated accurred at 1967. from the country. ATTENDING MED. TOR STAFF PHYS. 22d. ADDRESS 1800 G. OFFICAL SCHOOL WAS	(Caunty) (State) (Caunty) (State) (Caunty) (State) (State) (State) (State)
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Haur a. m. p. m. 21. 1 certify that (1) (this hospit saw the deceased alive on	20b. DESCRIBE HOW INJURY OCCURRED Year 20d. INJURY OCCURRED While Not while of wark of wark of wark of wark 10 ottended the deceosed from 11 oftended the deceosed from 12 oftended the deceosed from 13 oftended the deceosed from 14 oftended the deceosed from 15 oftended the deceosed from 16 oftended the deceosed from	ACE OF INJURY (Hame, farm, 20f. (City ar town) ctory, street, office bidg., etc.) 1967to Geath accurred at 160 M, from the countries of Director Phys. 22d. ADDRESS 1800 G. OF CREMATORY 23d LOCATION (City TON MEDICAL SCHOOL, WAS	(Caunty) (State) (Caunty) (State)

y the funeral directar, 2 shauld be filed with ted within 24 hours after death. Page 4 may be red.

JIRECTOR After this certificate has been signed by the attending prysician and completely filled page 3 shauld be detached for use as the burial-transit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. G PHYSICEN: The law equires that the death cer

may be ret TO HOSPITA VR A1S (4) 1SM 9/S9



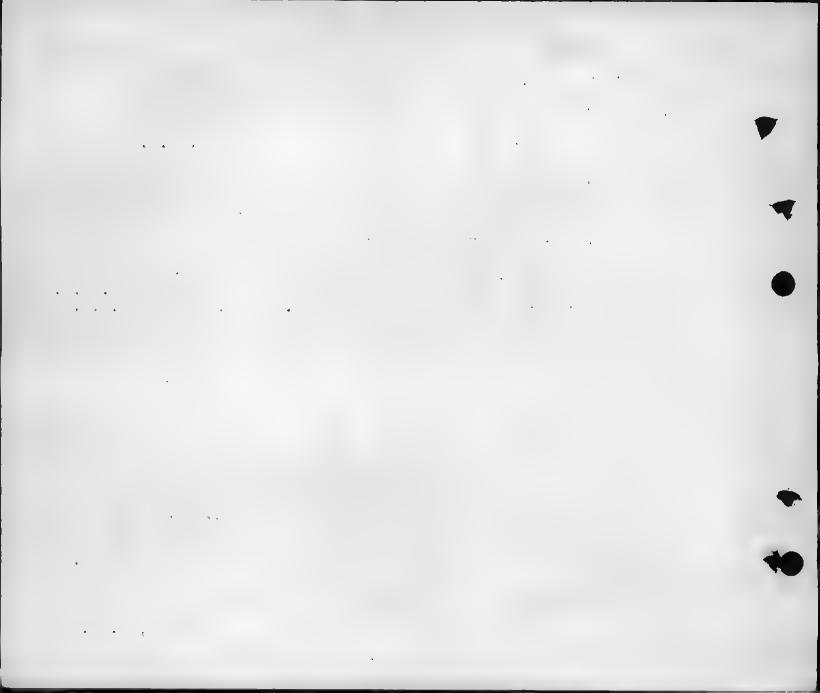
(State)

M Mith	9349	CERTIFICA	TE OF DEATH	(1934()
M	1. PLACE OF DEATH o. COUNTY	, MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	ed lived If institution Residence before admission) b COUNTY
	Montgomer	Y	ye.	
	b. CITY OR TOWN (If outside this procede limits, RURAL and give nearest town)	Wile c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porate fimits, write RURAL and give nearest town)
	Takoma Park	lyr- 10mo	Washington	
1	d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street addres	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
1)	Gakhaven Convole	scent Home	1743 Irving Str	reet, N.V. YES□ NO 🗗
	3. NAME OF DECEASED	Middle	Lost 4. DATE	Month Day Year
	(Type or print) Bertha	W.	Meyer DEATH	Chagos t por 17 61
0	S SEX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years OF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
	V. W.	IDOWED DIVORCED	Sept. 91872	88 yrs
	10a. USUAL OCCUPATION Give kind of work dot during most of working life, even if retired)	10b KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign	country) 12. CITIZEN OF WHAT COUNTRY
	House wife		- Germany	u.5.
	13 FATHER'S NAME		14. MOTHER MAIDEN NAME	0
	Wilhelm Jimn	N.J.	Johanna	Bach.
	15 WAS DECEASED EVER IN U.S. ARMED FORCE (Yes no, or unknown) I H yes, give war or dates of serv.	S? 16. SOCIAL SECURITY NO 17 IP	VFORMANT	Address Wash. D.C.
	No -		William J. Meyer	and the same of th
	18. CAUSE OF DEATH [Enter only one cous		- 1	I INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_	Bowel De	betraction	ONSET AND DEATH
	LLEO . O DUE TO	1	1 -	10-13
	Conditions, if any, which	Centrolismon to	rterioxlerosis	1545
	gave rise to immediate		23.23	10
	lying cause lost.			
	PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
	<u> </u>	m/h		PERFORMED? YES NO 2
	200 ACCIDENT WAS UNDERLYING 20	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Pa	ort II of stem 18.)
	OR CONTRIBUTING CAUSE OF DEATH			
			ACE OF INJURY (Hame, farm, 20f. (Ci	ty or town) (County) (State
	Howr a.m. 19	While Nat while to	ctory, street, office bldg., etc.)	
			A.t. 1059.	Ding 22 2/1 4000
	21. I certify that (I) (this hospital)			thot (I) (we) los
	saw the deceased alive an R	and that c	death accurred at 1M; from	n the dauses and on the date stated above
/	James les . a	Millians WID	M.D PHYS MED MED DIRECTOR	STAFF _ STAFF _ AIGNET
1	22c. PHYSICIAN'S		M.D PHYS TO DIRECTOR L	PHIS
	NAME (Type)			
~	22- P. INIAL COSTANT CALL 200 DATE THEREOF	22 MARE OF CENTERS OF	OR CREWATORY 224 105	ATION (Ch. burn or such)
U	230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C		ATION (City, town, or county) (State)
3	Burial 8-24-19	~ _ 	n Cometery Us	strar 256 REGISTRAR'S SIGNATURE
1	Desch Hander Han	11 -1 /1	DATE AUG 25	

TENDING (SICIAN: The law requires that the death certition to be executative thin 24 hours after death. Page 4

TO HOSPITAL d

1SM 9/59



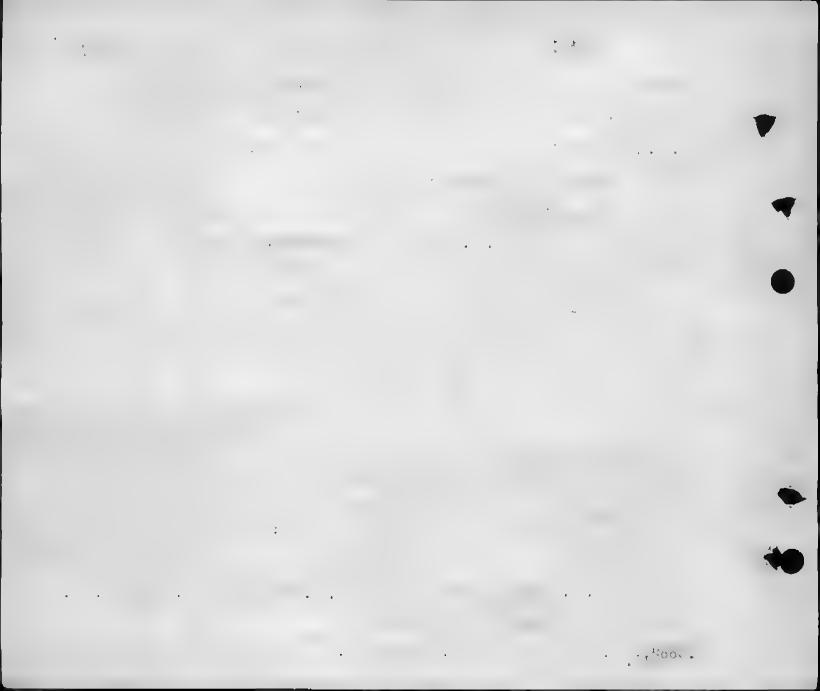
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-1	3330	43,44
	1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where decessed I ved, If institution, Residence before admiss on)
н	Montgomery MARYLAND	e. STATE b. COUNTY Maryland
-	b. CITY OR TOWN (if outside corporete limits, c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
П	write RuRAL and give nearest town)	21
-	_ Bethesda (Rural) 68 days	_ percritore
	d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, g ve street address)	d STREET ADDRESS (5) 3 3 4 5 0 N A FARM?
Н	U. S. Naval Hospital	320 Popular Road YES NO DE
1	3. NAME OF Frst Middle	Lasi 4, DATE Month Dey Yeer
1	OECEASED (Type of print) Melvin Alexander Micha	of DEATH August 7 19 61
- [-	Melvin Alexander Micha 5. SEX 6. CO.OR OR RACE 7. MARRIED NEVER MARRIED	Relkiewicz August 7 9 61 B. DATE OF BIRTH 19. AGE (In yeers If UNDER 1 YEAR) OF UNDER 24 HRS
		last birthdey) 1 Months 1 Devs Hours Mr
-	Male Caucasian WIDOWED DOWNCED	11-1-26 34 yrs
	10e USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	(RY 11 SIRTHPLACE - 1 mly & State, or foreign country 12, CITIZEN OF WHAT COUNTRY)
	Armed Forces U. S. Navy	Baltimore, Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
\mathcal{X}	John Michaelkiewicz	Eve Patro
J/	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address
1	(Yes, no, or unkown) (If yes give wer or detes of service)	uth Michaelkiewicz Same as #2 above
7	TES MM IT	86
П	18. CAUSE OF DEATH [Enter on y one cause per line for (e) (b), and (c)] PART 1. DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
н	IMMEDIATE CAUSE (e) cliffuse me Ta	static neuroblastame ONSET AND DEATH
ı	Conditions, if eny, which) (b) Receive bling to	ma 10 in Rt. sceatic none 2 ypars
	Sake tite to immediate canse	
	(e), steling the underlying DUE TO	
	course lest.	OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
,	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NIJERY OCCURE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFE)	PERFORMED!
-1	<u> </u>	YES X NO
	200, ACCIDENT WAS UNDERLYING 2 200, DESCRIBE HOW NIJRY OCCURE OR CONTRIBUTING TI CAUSE OF DEATH ;	D (Enter neture of injury in Pert I or Pert II of item 1B.)
	G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
-1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. P.	ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)
	Hour e.m. White Not White	clary, street, office bidg., etc.)
-1		May 30 (6) August 7 (6) (1)
-1		May 30 1961, to August 7, 19 61 that 16) (we) last
-	saw the deceased alive on August 7 19 . 61, and the	at death occured at 2.25M, Afform the causes and on the date stated above
- 1	220 SIGNATURE 7 11 A	ATTENDING MED STAFF CONTROL TO STAFE
- 1	DANICO	MD PHYS DIRECTOR PHYS August 7,1901
	22c PHYSICIAN S	22d. ADDRESS
	NAME (Type) B. H. RICE. LT MC USN	U. S. Naval Hospital, Bethesda, Md.
	238. SUR.AL, CREMATION 236. DATE THEREOF 236 NAME OF CEMETERY	
	REMOVAL (Specify)	and the second s
	The state of the s	
3.5	of thire injector's signature ADDRESS Control	25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W	n. Cook, St. Paul and Preston St. Baltimor	e, Md. DATE AUG 10'61 Chillum & Kraus



STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If assists on, Residence before edmission) COUNTY the sth. Montgomery b. CITY OR TOWN (it outside corporate limits, write RURAL and give nearest town) MARYLAND c CITY OR TOWN (If outside corporate) in fs, write RURAL and give nearest town) E LENGTH OF STAY IN 16 lakoma Tark NAME OF HOSPITAL OR INSTITUTION III not IS RESIDENCE ON A FARM? YES NO 🔀 3. NAME OF DECEASED OF (Type or print) DEATH glas b rthdey) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months WIDOWED 🔀 State, or foreign country! 12. CITIZEN OF WHAT COUNTRY? House to IB CAUSE OF DEATH [Enter only one cause ronchooneumonia IMMEDIATE CAUSE (a) erebral thrombosis with left hemiplegia Conditions, if any, which geve rise la immediate couse DUE TO (e), steting the underlying PART II, OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. Enter neture of in any in Part I or Pert I of tem 18 i (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Stelle) Month, Day, Year factory, street, office bldg., etc.) While Not While et work al work 19.61, to August. 28, 19.61, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from. . J.A. ...19.6..., and that death occurred at 10.2.M, from the causes and on the date stated above. saw the deceased alive on...... ATTENDING 226. DATE 22e. SIGNATUR Aug. 28, 192 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Colesville BURIAL, CREMATION, 236 (Steta) REMOVAL (Specify) 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) DATE AUG 3 0 '61 15M 9/60

and

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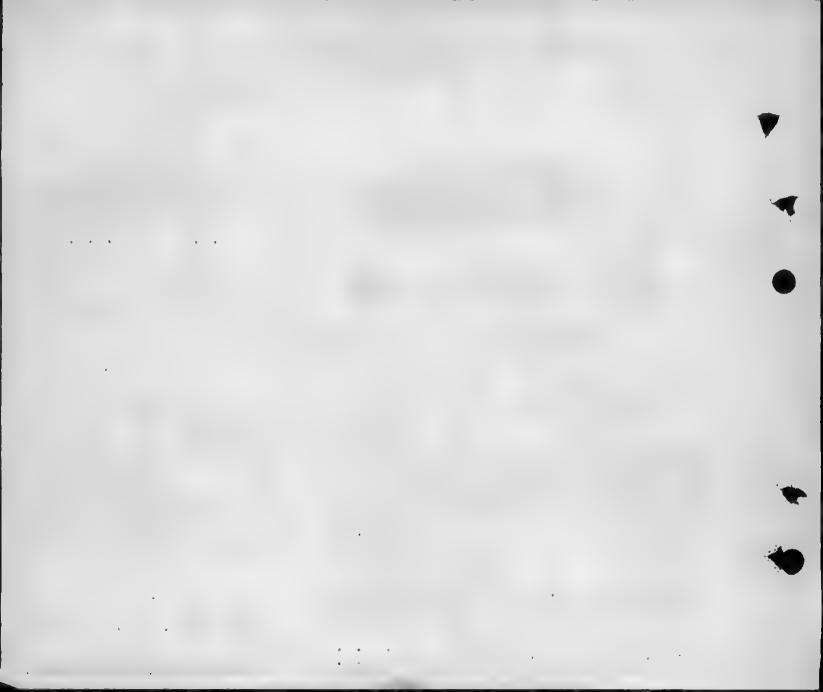
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VS A1S (4) 1SM 9/S5

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	PLACE OF DEATH	ataomam		22.400		- PTATE	-		S lived. If institut b. COUNTY	Y 25 .		•
Montgomery MARYLAND				aryla			_ Mon t	gomer	V			
	b. CITY OR TOWN (IF RURAL and give new NOCKVII.	outside corporate lin prest town) LO	nils, write	c. LENGTH OF STAY	IN 1b		own (If ou ville		rote limits, write I	RURAL ond give	nearest town	n)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital,		ddress)		d. STREET AL	DORESS 3 Rer	ın St	réet		ON A	SIDENCE A FARM?
3			int	Middle		Lost		4. DATE		4		
	NAME OF DECEASED (Type or print)	Eth	el Ma	y Miller		LGSI		OF DEATH		ust 19	, 196	
	SEX		7. MARRI	ED NEVER MARRI	ED 🔲 🖁	DATE OF BIRTH	ı		9. AGE (In years lost birthday)		_	
	female	white	WIDOWE	D DIVORCE		7/20/8	9		72 yrs.		ys Haurs	Min.
10c	. USUAL OCCUPATIO	N (Give kind of worl	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (State o	r foreign co	ountry)	12. CITIZEI	N OF WHAT	COUNTRY
	during most of works Housewife	*	q}			War	hingt	ton.	D. C.	U	.S.A.	
_	FATHER'S NAME				-	14. MOTHER'S			2000			
	William S	Schlosse	r)			Geor	fians	a Ave	עה			
15.	WAS DECEASED EVER	IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY NO	. 17. IN	FORMANT	(= W-R-			dress		
	s, ro, or unknown) (I	If yee, give war or dates of		none	Nor	man Ha	प्रवास	Mille	r sa	me as	#2	
		TH Enter goly gne		e for (o), (b), and (c).		/	<u> </u>				NTERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY		2101	45.	1/19	101	111	100			
			والمتحاضية المتحاضة	2000		700			7	`\	1 III	XXX.
		+ f	121	KIMA	12	1/1/	1111	- C	7001	100	40	KI
		mediate	· · · · · · · / /	FUITO	-00		CKM	20	(Carr	0-0	1	
		us nuger-									U	
Z				ONTRIBUTING TO AT	ATH RIT N	IOPPELATED TO	THE TERZIN	IAL-PICE ACI	CONDITION	VEN IN DADT 16	al 10 WAS	AUTOPSY
ATRO		2	211	orale	-/-	112	SIL	111)	tille	Will	PERFC	DRMEDO
亞	20g, ACCIDENT WAS	S UNDERLYING	20b. DESC	RISE HOW INJURY O	COURRED.	(Enter noture of	injury in Po	ori I or Parl	II of item 18.)	U U	1 100	1141
CER	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER	1	6			• •					
SAL	20c. TIME OF INJURY	Month, Day, Y	ear 20d, IN	JURY OCCURRED	20e. PLAC	CE OF INJURY (H	lame, form,	20f (City	or town)	(Cour	ntv)	[State]
MEDI	Hour o.m. p.m.	19	While at work	Not while	foct	ory, street, office	bldg., etc.)		01.0	,	••	,,,
	21. I certify the	at I attended th	e decease	ed from UM	262	12.19.	/ to /	1111	na/19/	a that I las	t saw the	decense
	alive an_	us /	2 12/	1 1	death	accurred at	Par	M. Non	the causes	. /		
	-00	1/2	7 %	1.0		7,) / A	DDRESS (St	rgel, city ar town	, stole)		ATE SIGNE
	ACTUAL SIGNATURE	Jole	ult	- lu	Ny	b / C	261	DI	leong	usa L	ue	8/19
	PHYSICIAN'S	7/300 7	0				PA	0	1			
	NAME (Type)	ronn J.	avery				M.	137	IN	rne	71 11	11/
Hour o. m. 19 While at work Not while of work Not while at work Not work Not while at work Not work		ie)										
		8/23/	61	Rock Cr	eek	Cemete	ry	Wash	nington	, D.C.		
			29	01ADDRESSth	St.	N.W.				ISTRAR'S SIGNA	TURE	
T.	ne b.n. 1	uruea co				D.C.	DATE AUG	1 ? ? '6	1 1 0	Tt 9 de	2 A 100	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before edmiss or a COUNTY MARYLAND onTaomeRV OR TOWN (If outside corporate limits, write RURAL end a va haarest town) b. CITY OR TOWN ,if outside corporate lim is, E LENGTH OF STAY IN Th . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital ON A FARM? YES NO 3 DECEASED (Type or print) DEATH 19 6. COLOR OF RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX lest birthday) 10a. USUAL OCCUPATION (G.va kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratirad 13. FATHER'S NAME (1 Mu 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO (Yes, no, or unkown), (If yas giva war or dates of sary ce INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a , (b) and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 4 Edit IMMEDIATE CAUSE (a) DUF TO Conditions, fany, which gava rise lo immadiata cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS ACTOP PERFORMED? NO G 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF THE CONTRIBUTION OF 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (Steta) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., atc.) Whila Hour a.m. at work et work 1942,..., that (1) (w/6) last saw the deceased alive on.. 22a. SIGNATURE STAFF PHYS. SIGNED DIRECTOR death. Page 4
TO FUNERAL
director, page 3
be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City, town or county) 23a. BUR, AL- CREMATION. REC'D BY REGISTRAR 256. RESISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institution; Residence before edmission) e. STATE b. COUNTY MARYLAND e. LENGTH OF STAY IN 16. c. CITY OR TOWN Uf outside corporate I mits, write RURA, end give neerest ò ON A FARM? YES NO DECEASED OF DEATH (Type or print) 5. SEX 9. AGE (In year IF UNDER I YEAR ! IF UNDER 24 HRS. MARRIED MEVER MARRIED and lest birthday) Months Hours 10e. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY BRIMPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) regyer 13. FATHER'S NAME (Yes, no, or unkown) (If yes give war or detes of service) 18. CAUSE OF DEATH |Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B PERFORMEN 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) Month, Day, Year (County) Not While factory, street, office bldg , etc) While Hour a.m. et wark et work CTOR: saw the deceased alive on... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRES 22c. PHYSICIAN S NAME (Type) 238 BURIAN CREMATION, 236. DATE THERE death. 23d. LOCATION (City, fown or county REMOVAL (Specify) VR A15 (4) 15M 9/60



STATE DEPARTMENT OF HEALTH AND RECORDS, 301 **BALTIMORE 1. MARYLAND** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, if Institution, Residence before admission) ctor, Page our files. of Health, Page MARYLAND b. CITY OR TOWN of Autside corporate I mits 1 c. LENGTH OF STAY IN 16 c CITY OR TOWN If outside corporate kim is, write RURAL and give nearest town; Write RURAL and Eve nearest d. NAME OF HOSPITAL OR INSTITUTION (if not it hosp to a give street address) relained he State B 0 DECEASED OF ile E (Type or print) DEATH exam 2 with AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 5 and 2 w last birthdey) Months WIDOWED [DIVORCED 10e. USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? done plyring most of working life, even if retired) 13. FATHER'S NAME pages 1 within form 16. SOCIAL SECURITY NO.! 17. INFORMANT (Yes, no, on unkown) (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY: Office alon IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6)7 19. WAS AUTOPSY Medical Ex should be r PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Part II of frem 18.) PRIMARY | or CONTRIBUTING | please execute We certificate, writing the 4 should be forwarded to the Chief Mr D FUNERAL DIRECTOR: Page 3 show its designated event. CAUSE OF DEATH. Month, Dey, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY (State) factory, street, office bldg., atc.) Not While While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection | Inquiry and in my opinion Natural causes X Accident . Suicide T Undetermined manner death resulted from Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 150 DEPUT NAME (Type) Address (Street, city, town, or county) 226, BURIAL, CASMATION. 22b. DATE THEREOF 22d. LOCATION (City, fown, or country) REMOVAL (Specify) 40 9 BURIAL 23. FUNERAL DIRECTOR 246. REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE &UG 2 8 '61 Linkhur L. Kruss



MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
o. STATE
Maryland
Lontgomery

PLACE OF DEATH
o. COUNTY
Montgomery

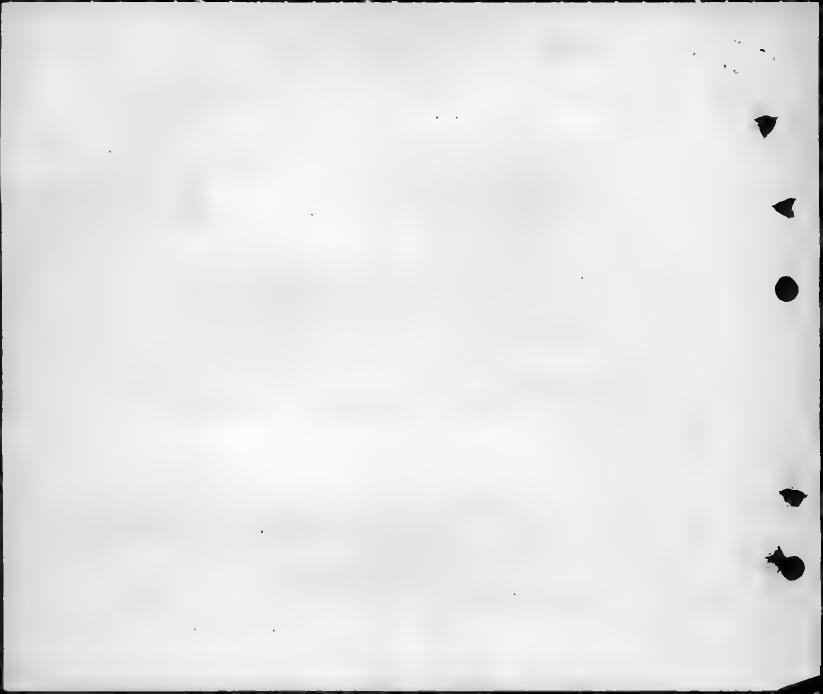
may be retaints. The haspital of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the borial transit permit. Then please remave carban papers. Pages 1 and 2

thin 24 hours ofter deoth. Page 4

TO HOSPITAL VR A15 (4) 15M 9/59

' <i>/</i> _	RURAL and give r	uearest tamu)	is, with I c. LENGTH OF STAT IN IE		arore limits, while KUKAL On	a Bise ueacest town!
	Olne	_ U	D.O.A.			
7	d NAME OF HOSPI OR INSTITUT ON	ITAL (If not in hospital, g	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		omery Gene	eral Hospital	4507 Nunca	ster Mill F	Rd YES NO 🔀
3.	NAME OF DECEASED	Fir	rsI Midd¹e	Lost 4. DATE	Month	Day Year
	(Type or print)	Chai	rles Richar		August	22 151
S	SEX	6. COLOR OR RACE	7 MARRIED X NEVER MARRIED	8 DATE OF BIRTH		ER TYEAR IF UNDER 24 HRS
	Hale	White	WIDOWED DIVORCED	Sept. 1. 1927	lost birthday) Months	Doys Hours Min
10	USUAL OCCUPATE	ON (Give kind of work	done 106 KIND OF BUSINESS OR INC	USTRY 11 BIRTHPLACE (State or foreign	country) 12 C	ITIZEN OF WHAT COUNTRY
	Glazi	rking life, even if retired LOP	'1	Maryland		U.S.
13	. FATHER'S NAME			14 MOTHER'S MAIDEN NAME		
	Harry	y E. Mulli	i <i>ต</i> ลท	Nora Earp		
15	. WAS DECEASED EV	ER IN U. S. ARMED FOR	ICES? 16. SOCIAL SECURITY NO. 17	INFORMANT	Address	
f,	No	(If yes, give wor or dates of s	Unknown	Hospital Re	cords	
-		ATH Featur only one co	ouse per line for (o), (b) and (c)	nospital ne	GUPUS	INTERVAL BETWEEN
			A	Jan h		3-4 day
	11150	ATH WAS CAUSED BY: IMMEDIATE CAUSE (d		ronary Inromb	0217	3-4 000
	770	DUE TO	(1)	'. H		
	Conditions, if i		hronic cov	onary atherosch	erosis	4 yrs,
	cause (a), stating	the under- DUE TO		1		
_	lying couse lost					
No.	PART II OT	THER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN P.	PERFORMED?
- CA	5					YES DE NO
CERT	OR CONTRIBUTING	AS UNDERLYING GAUSE OF DEATH Y MEDICAL EXAMINER	206 DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in Part I or Po	rt II of item IB)	
1	4 I		or 20d INJURY OCCURRED 20e	PLACE OF INJURY (Home, form 20f. (Cit	y or lowel	(County) (State
EDC	Hour o m	•	While Not while	foctory, street office bldg , etc.)	y or rown,	(county) (arone
₹	p. m.		of work at work		4 00	7 :
	21. I certify th	at (1) (this haspitgi	I) attended the deceased fran	May 13. , 1957, 10.	Hug 22, 19	61 that (1) (we) ia:
		sed alive an!1	ug 1 1961, and that	death occurred at 7:45M, fram	the causes and an t	
	220 S GNATURE	for a.	1.0-1	ATTENDING MED	STAFF	22b DATE SIGNE
ıЫ	1	hand UC	Jaes M. D	M.D. PHYS DIRECTOR L	PHYS. 🗆	8-23-61
	22c PHYS CIAN'S NAME (Type)	n.i	1	22d ADDRESS	- 53 01-	
		Richard A	AJ. Yates, MD	Old Baltimor	e Koad, ULI	iey, Maryla
23	a BURIAL, CREMAT	ON, 236 DATE THEREC	OF 23c NAME OF CEMETERY	OR CREMATORY 23d LOCA	TION (City town, or count)	r) (Stote)
	Burial	8/25/6	l Neelsville	Church Cem. Ne	elsville, h	Maryland
24	FUNERAL DIRECTO		ADDRESS	25a. REC'D BY REGIS	TRAR 25b: REGISTRAR'S	S GNATURE
	Robert	A. Pumphre	ey Bethesda, M	arvland	1	
	RODELL	u. I ambur.	cy beenedda, n	aryrand DATEAUG 2 8 '6	Cirthur &	4



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

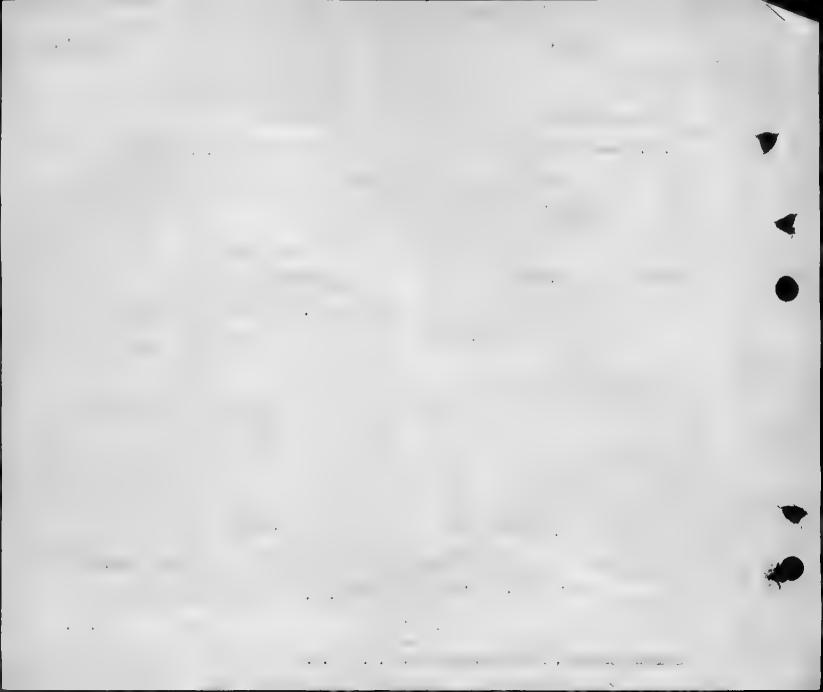
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9357

CERTIFICATE OF DEATH

93348

¥1	PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
1	Montgomery MARYLAND	b. COUNTY District of Columbia
	b. CITY OR TOWN (if outside corporeta limits, write RURAL and give neerest town)	c. CITY OR TOWN [If outside corporate timits, write RURAL and give represt town)
	Bethesda (Rural) 3 days	Washington
1	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
1	U. S. Naval Hospital	
3	. NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED (Type or print) Rohar Roar N	AUTT DEATH AUGUST 07 10 61
١,	Daby Doy	AUDI AUBUSC 2] 17 UI
ľ	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X	lest birthdey) Manthet Days House Miss
-	Male Caucasian widowed Divorced	8-24-61 yn. 3
1	0e. USUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	II. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ĩ.	Infant 3. FATHER'S NAME	Bethesda, Maryland USA
1.	George Arthur Nault 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown ((typesgive were ordates of service)	Margaret Ann Howard
-	No.	George A. Nault Same as #2 abov e
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND BEATH
	IMMEDIATE CAUSE (0) LEON & Z	sease conquiled 1 - 1 - 3 Clara
	154 E DUE TO	1 Europeatic
	Conditions, if any, which \ (b)	
П	geve rise to immediate ceuse	*
П	(B), stating the underlying	
Ι,	(0)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19 WAS AUTOPSY
Įĝ	PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT IN	PERFORMED?_
- [3	<u> </u>	YES 🔀 NO 🖸
CERTIFICATION	OR ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURES (IF CONTRIBUTING CAUSE OF DEATH (IF CONTRIBUTING CAUSE OF DEATH (IF CONTRIBUTING CAUSE OF DEATH (IF CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of 'n busy lin. Pent tor Pent II of stem. 18.)
MEDICAL	20c. FIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PL. Hour e.m. While Not While	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) dory, streat, office bldg., etc.)
1 2	p.m. 19 et work et work	
	21. I certify that (i) (this hospital) attended the deceased from.	August 24, 19 61, August 27 19 61, that () (we) last
saw the deceased alive 27 August 1961 19/ , and that death occurred and 15m, from the causes and on the deceased alive 27 August 1961 19/		t death occurred a 3:15M, from the causes and on the date stated above
1	226. SIGNATURE	22b. DATE
	1 / 9/1/2	ATTENDING MED. STAFF PHYS. August 28, 1961
	222 PHYSICIAN S	22d, ADDRESS
	NAME (Type) Lawrence G. Thorne, LT MC US	EN II C Novel II-quitol Dathards Mi
_		U. S. Naval Hospital, Bethesda, Md.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CREMATORY 23d. LOCATION (City, town or county) (Slote)		
	Burial 30 August 1961 Mt. Olivet	Washington D. C.
2	4 FUNERAL DIRECTOR'S S.GNATURE ADDRESSWashir	ngton, 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Simmons Brother, 1661 Good Hope Rd. S. B	D. C. DATE AUG 3 0 '61 Circles S. Hous
-2651234 XV		

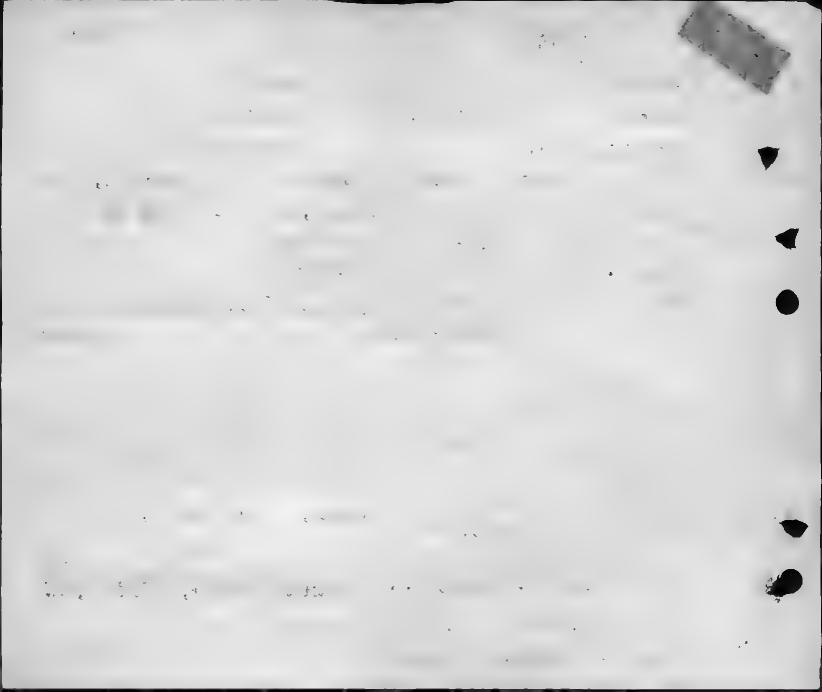


Robert A. Pumphrey, Bethesda, Maryland

arthur & Krand

DATE AUG 1 4

and 2 Š comp pa pou BB. гетоме physici ä. g physic signed 3 been has After DIRECTOR: After Should be detact FUN FUN rector, ೩ಕ್ಕೆ ೧ಕ್ಕೆ VR A15 (4) 15M 9/60



YR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9359 CERTIFICATE OF DEATH

09350

-1	
	PLACE OF DEATH COUNTY ON COUNTY MARYLAND ON COUNTY MARYLAND ON COUNTY
	b. CITY OR TOWN (if outside disposete I mis, c. LENGTH OF STAY IN 1b c. CTY OR TOWN (if outside corporate miss, write RURAL and give nearest town) CAKONA I CRK
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street eddress) ON A FARM? YES ON A FARM?
	DECEASED (Type or print) S. SEX 16. COLOR OR RACE T. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In your IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED TO DIVORCED TO THE DESCRIPTION (Give kind of work done dering most of working title even if retred) 10e. USUAL OCCUPATION (Give kind of work done dering most of working title even if retred)
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	FRED HESS ELIZABETH WELZ 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, rip. by phykown) [lifyes give were or detes of service) MRS. G. M. M. A. M. M. A. M. M. A. M. A. M. M. M. M. M. A. M.
	18. CAUSE OF DEATH [Enter only one cause per I no for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cosanary Rotary Occlusion & Vantacian Cause of Partial Death IMMEDIATE CAUSE (o)
	Conditions, it ony, which by Covenany Selevonis
	geve rise lo immediele couse (e), steting the underlying DUE TO gentralized Arteriose Cerosis 22 red years.
	PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? 206. ACCIDENT WAS UNDERLYING 207. DESCRIBE HOW INJURY OCCURED (Enlor nature of neury in Part 1 of Pierre 18.)
	5 (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Cliy or lown) (County) (Siete) While Not While et work 19 et work
	saw the deceased alive on P. 45.6 19.6 and that death occurred at 8.5.6 from the causes and on the date stated above. 226. SIGNATURE ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type) MARVIN L. KOLKIN 1015 SPATING STREET, S. 8 Md.
	236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8/10/61 23c NAME OF CEMETERY OR CREMATORY MIDDLE VILLAGE LONG ISLAND, Stete) LUTHERAN CEMETERY EXEKT
Part of the last o	24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE 250. REC'D BY REC'D BY REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmission) rector, Page your files, d of Health, e. COUNTY e. STATE b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres) town) write RURAL and give nearest lown) for your Board of I <u>Bethesda</u> Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) d. STREET ADDRESS Ö retained he State B 5620 Woodway Drive 5620. Woodway NAME OF 4. DATE DECEASED OF 휷 (Type or print) Nelson DEATH Lois Noble ss 1, 2, and 3 to bage 5 may be I and 2 with 1 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Months Female White WIDOWED | DIVORCED 48 yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Give Pages 1 rm PM3. Pag File pages 1 ent within 7 Housewife Washington State 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME it. File event Jay W. Nelson Lena McIntire 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT with for permit. F (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) Husband 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), Office along w burial-transit p PART I. DEATH WAS CAUSED BY: Fat embolism IMMEDIATE CAUSE (6) removal DUE TO hepatic fatty metamorphosis Conditions, if env. which (b) gave rise to immediate cause on 40 DUE TO Examiner (e), stating the underlying 9 Cronic alcoholism cause last. nsed ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION ld be Medical Estould be 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of item 18.) le 3 sho burial, PRIMARY T or CONTRIBUTING CAUSE OF DEATH. writing Chief / 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or town) the C 0 fectory, street, office bldg., etc.) Willia _Not While Hour e.m. et work of the certificate, forwarded to the et work certificate, 'n, 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry death resulted from: Natural causes Accident 3 Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL erhant up ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) 22s. BURIAL, CREMATION | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Rockville, Maryland

16/

Robert A. Pumphrey,

Parklawn Cemetery

Bethesda, Maryland

Mont

. IS RESIDENCE ON A FARM?

YES | NO X

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO 4

> > (Stete)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

arthur & Kraus

246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE

DATE AUG 1 7 '61

1967.

VS. A15MÉ 5M 9/60

Burial 23. FUNERAL DIRECTOR



AARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET. BALTIMORE 1. MARYLANG CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission) **B COUNTY** COUNTY, MARVIAND Jon Tabmers c. CITY OR TOWN (if outside corporate limits, write RURA) and give nearest town) b. CITY OR TOWN ,if outside corporate I mils, c. LENGTH OF STAY IN 16 nearest town) 3 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. 15 RESIDENCE ON A FARM? 00 3. NAME OF DECEASED OF (Type or print) DEATH 1961 IF UNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED N AGE (In years IF UNDER I YEAR lest birthdey) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 16. SOCIAL SECURITY NO 1 (Yes, no, or unkown), (Ifyesgive werordetesofservice) 18. CAUSE OF DEATH [Enter on y one couse per line for [a], (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (a), steting the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 🗔 20a ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) IJF EITHER. NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY Home, ferm, 1 20f. (City or fown) (County) (State) Month, Day, Yeer Not While tectory, street, office bldg., etc.) While Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from. 8 - 2 61 to 8-23 19 (we) last saw the deceased alive on...... 22b, DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22c, PHYSICIAN S 22d. ADDRESS NAME [Type] O 238. BURIALO CREMATION, 236. DATE THEREOF 23c/NAME OF C METERY, OR CREMATORY 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

CIOR:

0



TO HOSPIT OR ATTEN AG PHYSICIAN: The law requires that the sath certificate execution the formula death. Page to be retained by the hospital or attending physician. TO FUNERAL EXECTOR: After this certificate has been signed by the alter ling physician and completely filly by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial-transit or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

fo

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

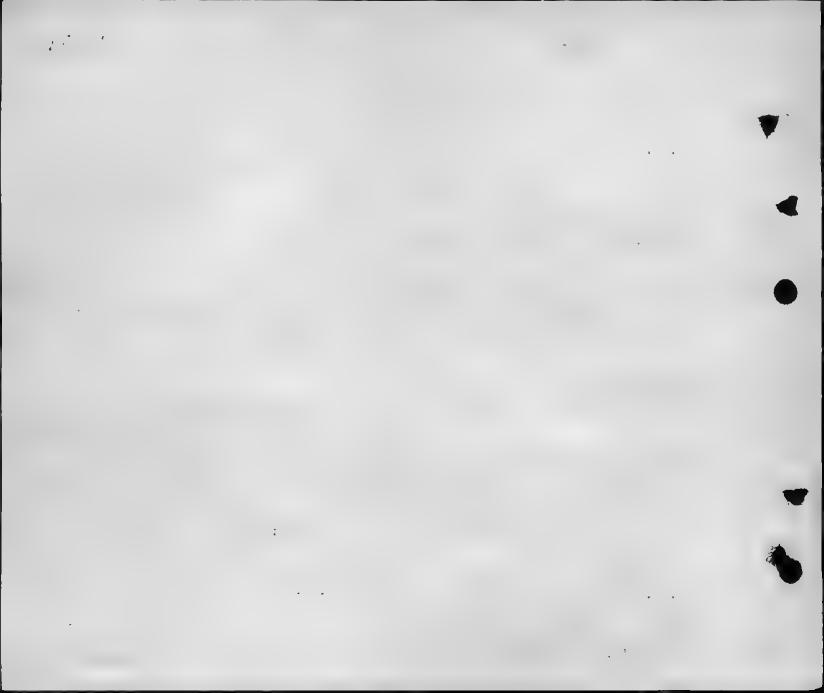
0200			0.0	000
1. PLACE OF DEATH JUVA		RESIDENCE (Wham deceased		lance bafore admission)
Montgomery	MARYLAND a. STATE	Virginia	b. COUNTY	
		R TOWN (If outside corporate for	mils, write RURAL and giv	va naarest lown
write RURAL and give nearest town)				
	days	Chincoteague	_	A APPIDIALES
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va	traet address) d. STREFT	ADDRESS	USV	a. IS RESIDENCE
U. S. Naval Hospital	1	Ridge Road	カラヘー	YES NO 1
3. NAME OF First DECEASED	Midd a Last	4. DATE	Morn Da	ay Yaar
	irginia Novak	OF DEATH	August 11	. 1961
5. SEX 6. COLOR OR RACE 7. MARRIED A NEVI	_	TH 9. AGE	Un waste IF UNDER 1 YEA	
Female Caucasian WIDOWED		last b	mhday) Months Days	
			Y/5 12 CITITEN	OF WHAT COUNTRY?
dona during most of working life, even if ratirad)	SINESS OR INDUSTRY TO BIRTHPL			
Housewife	Vir	ginia	US	5A _
13. FATHER'S NAME	14. MOTHER	S MAIDEN NAME		
Earl Birch	Els	ie Bowden		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SI	CURITY NO 17. INFORMANT		Address	-
(Yas, no, or unkown) (Ifyasgivawarordatasofsarvice)	Frank J.	Novak Same	as #2 above	
18. CAUSE OF DEATH [Enter only one cause per line for (a),	_	W10-1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (a)	イ・プライファンハローレージコ	-C-		
175.0 DUE TO	-1-	and the		
Conditions, if any, which (b)	morne of	he overes.		
gava rise to immediate cause (a), stating the underlying DUE TO	\checkmark	1		
cause lest.	,			
BARY II OTHER SIGNREGANT COMP TONE CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART I(a)	
				YES NO
20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOV	Y INJURY OCCURED, (Enter nature of	fan urv. o Part I or Part It of dan	19.1	I I I I I I I I I I I I I I I I I I I
OR CONTRIBUTING CAUSE OF DEATH	though of Court, fried harding	Trigity to fair to fair to de finor	,	
7				
20e. TIME OF INJURY Month, Day, Yaar 20d. INJURY OC While Not V at work at work at work at well at work	feeten steed of the		(County)	(Stata)
p.m. 19 at work at w				
21. I certify that 20 (this hospital) attended the	deceased from June 26	1961 10 .AW	gustll, 19 6.1	L that RI) (we) last
saw the deceased alive on August 11 19	.61., and that death occu	red at5: OOK from the	causes and on the	
22a. SGNATURE	-4-3	do digitaliary nomi mo		22b, DATE
11 The Care	ATTENDIT	NG MED, STA		SIGNED
22c. PHYS CIAN'S	M.D. PHTS.		- L Augus	t 12, 1961_
Arthur O. Anctil, Jr.LT MC		S. Naval Hospita	al Retheads	M/A
action of the second	ME OF CEMETERY OR CREMATOR	7 Z36 LOCATION	(City, fown or county)	(State)
Burial August 16,1961 Gr	eenwood_Cemetery		oteague	Va
24 FUST POLITICATE SIGNATURE SIMPLETLY	See .	25a BEC'D BY REGISTRAR	25b. REGISTRAR'S SIGN	
Salyer Funeral Home / Chincotes	gue, va.	DATE	Orthur S. Kin	MA .



MARYLAND STATE DEPARTMENT OF HEALTH

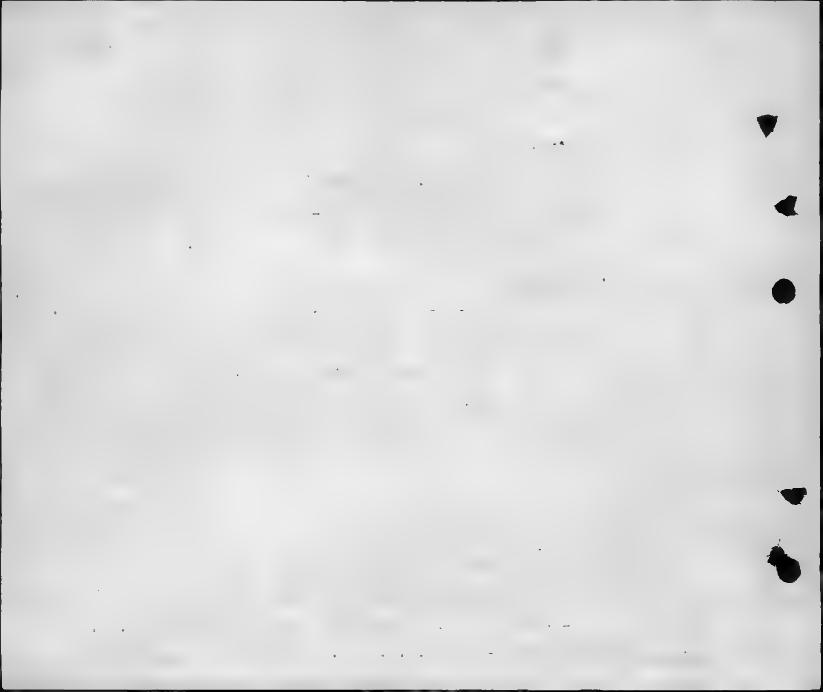
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE 1,	MARYLAN	D
_	0.00	CERT	IFICATE	OF .	DEATH			093	51

		00004
1	1. PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
J		RYLAND Virginia
	b. CITY OR TOWN (if autside corporete m ts, c. LENGTH OF write RURAL and give neerest town)	
	Bethesda (Rural) 25 day	
j.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a	address) d. STREET ADDRESS IS RESIDENCE ON A FARM?
	H. S. Naval Hospital	RFD # 1
	3 NAME OF First Midd	
	DECEASED (Type or print)	of Death August 21 1961
	Willard Mool	re Uliver August Li 1701
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED 8. DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	Male Caucasian wipower DIVO	RCEO 3-21-97 614 Yrs.
	10a. USUAL OCCUPATION (G've kind of work done during most of working life, even if relired)	OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Electrican Electrica	l Virginia USA
	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
		77 1
١	Benjamin Oliver IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	Unknown Y NO. 17. INFORMANT Address
/	(Yes, no, or unkown) (if yesgive war or detes of service)	ALTING OC
	Yes Unknown	(S) Charles Oliver 4215 S. Four Mile Dr. Virgini
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	varhythma -
	DUE TO	
	Conditions, if eny, which \ (b) melcus	Tarain
	gave rise to immediate cause	
	(a), stating the undaritying DUETO	CANAL CANAL
	cause lest. (c) 5 Cource PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BY NOT RE, A TED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(a) 19, WAS AUTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	PERFORMED?
	[3]	AE2 K NO .
	TON ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJU OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)	IRY OCCURED. (Entar neture of Injury in Pert I or Pert II of Item 18.)
£	B (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURR	ED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (State)
	20c. TIME OF IN, URY Month, Dev, Yeer 2Dd. INJURY OCCURR Hour a.m. While Not While et work et work	fectory, streat, office bidg., etc.)
		11 Tules 07 4061 . August 2140 61 4 190 (-) 1-4
		ased from. July 27, 1961, toAugust2119.61 that 2) (we) last
	1 1 ×	., and that death occured at 9:30%, from the causes and on the date stated above.
	22e SIGNATURE	ATTENDING MED. STAFF SIGNED
	S. J. Kellenge	M.D. PHYS. DIRECTOR PHYS. X 22 August 1961
	22c. PHYSICIAN S NAME (Type)	22d. ADDRESS
	D. I. KETTERING, LT MC USN	U. S. Naval Hospital, Bethesda, Md.
	1 ————————————————————————————————————	F CEMETERY OR CREMATORY , 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	on Cemetery Great Falls Va.
	ADDRESS AGENTINE	To and the second
	Tearson S. 4/2 M. Mashing con, fall	s Church, Va. DATE AUG 24'61 Outling & Kant



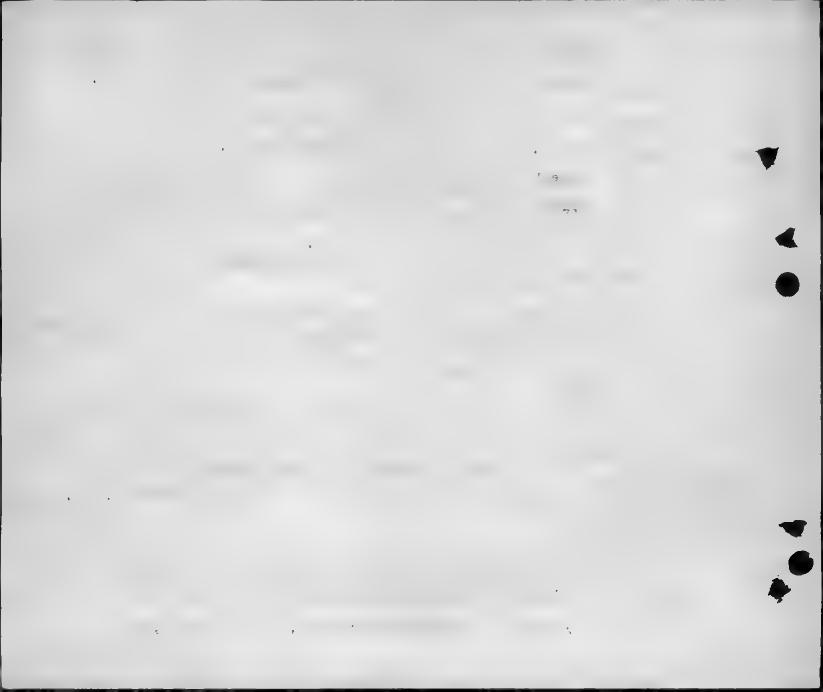
STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9364 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm ss. e. COUNTY b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (foulside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town). write RURAL and give neerest town) Bothesda 10 months Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Loover Street Hoover Street YES NO X 3. NAME OF LEST. 4 DATE Month M dd e DECEASED (Type or print) DEATH O'Naill August 6, COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In yeers IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthdeyl | Months Days Lale W DOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? B.RTHPLACE (County & State, or foreign country) done during most of working life, even if retired) College Ret'd Hail Room Washington, USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Fridget Galvin Edward J. O'Neil 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give were idetes of service) 579-10-5946 mary Bothesda. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), b ONSET AND DEATH PART ! DEATH WAS CAUSED BY: 2 UR IMMEDIATE CAUSE (a) DUE TO io-schoolic heart (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL RT I(e)) 19, WAS AUTOPSY PERFORMED? yeis of the musele 206. ACCIDENT WAS UNDERLYING TOB. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perf I or Perf II of Item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) (Stele) Month, Day, Year (County) factory, street, office bldg., etc.) While Not While Hour n.m. et work | a) work | MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 230, BURIAL, CREMATION, 236, DATE THEREOF REMQVAL_(Specify) urial 8-7-61 .t. Olivet Ceretery 0 Washin 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) -14thSt.N.W. Wash. DC | DATE AUG 8 15M 9/60 arthur & Humas



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed I ved, if institution: Residence before edmission) a. COUNTY necessary, ector, Page **b.** COUNTY Maryland Montg. MARYLAND Montgomery b. CITY OR TOWN ('f outside corporete limits, c. LENGTH OF STAY N 1b e. CITY OR TOWN (if outside corporale im is, write RURAL and give necrest town) write RURAL and give nearest town) Gaithersburg d. NAME OF HOSP TAL OR INSTITUTION (I not in hospital, g ve street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X Stewardtown Rd. B&ORR tracks. NAME OF Middle 4. DATE Yen DECEASED the de 8/26/61 (Type or print) DEATH E120 7 1 Owens 19 6. COLOR OR RACE TO MARRIED TO NEVER MARRIED 9. AGE (In Years LIF UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE OF BIRT 2 will last birthday) Months Devs Hours male 36 yrs. WIDOWED | DIVORCED غوص 10a. USUAL OCCUPATION (Give kind of work 1 106, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPL & (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Augusta Barnes George Owens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give we ror detes of service) permit Police record 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b., end (c).) INTERVAL BETWEEN ing" in pencil in the stress Office along vis a burial-transit premoval, and In ONSEJ AND DEATH Sudden PART I DEATH WAS CAUSED BY. Multiple injuries, extreme IMMEDIATE CAUSE (a) DUE TO Head partially decapated Conditions, if any, which (b) gave rise to immediate cause the word period and the word be used as a should be used as a standard cremation, or re-DUE TO (a), stating the underlying PART I, OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01 19. WAS AUTOPSY PERFORMED? NO T-20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert or Pert II of Item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY To or CONTRIBUTING CAUSE OF DEATH. Struck by passenger train while walking on RR tract writing to Chief / Page 3 s to buria ICHE, E., A., and to the Chief 20d. NJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bidg., etc.] Not While 8/26/61 Gaithersburg Montg. Md. B & O R R ef work et work 2), I certify that I took charge of the remains described above, held an Autopsy Inspection 🛖, lngu ry 🕌 and in my opinion SEAL DIRECT Accident . Sulcido Undetermined manner death resulted from-Natural causes Homicide | CHIEF MEDICAL EXAMINER should be forwer FUNERAL DI ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER 8/27/61 DEPUTY MEDICAL EXAMINER -NAME (Type) Frank J. Broschart Address (Street, city, town, or county) 22c, NAME OF CEMETERY OR CREMATORY 1 22d, LOCATION (City, town, or country) 226, BURIAL, CREMATION, 226, DATE THEREOF REMOVAL (Specify) 040 p Arlington
246. REC'D BY REGISTRAR | 746, REC Burial Arlington National Com. TAN YA 23. FUNERAL D RECTOR Civiling & Thomas VS. A15ME 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) . COUNTY Page e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (f outside prorate limits, write RURAL and give nearest town) . c. LENGTH OF STAY IN 15 c. CITY OR TOWN (flourside corporate limits, write RURAL and give merest town) Lemantown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite , a d. STREET ADDRESS . IS RESIDENCE ON A FARM? CUZ-GLNOTYES NO R 3. NAME OF Middle DEATH (Type or print) 1961 9. AGE (In you's | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 SEX 8 DATOFBRTH 7. MARRIED 🔂 NEVER MARRIED 🦳 lest birthdaf) Months Hours W DOWED DIVORCED [Yrs. TOO HISTIN DOCUPATION (Give kind of work 1 106 KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Sulvemation Spherene is PM3. Pages 1 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles W. Page Estlie Bethel IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.! 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetasofservice) No 18. CAUSE OF DEATH [Enter only one cause per line for (e), [b], and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 20.0 In delle IMMEDIATE CAUSE (6) **DUE TO** burial Conditions, if eny, which 151 gave rise lo immadiete cause DUE TO (a), stating the undarlying PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO V 20a. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Part II of item 18.) PR.MARY | or CONTRIBUTING | CAUSE OF DEATH Chief age 3 to buri MEDICAL 20d, NJURY OCCURRED 20a, PLACE OF INJURY (Home, ferm, 20f (City or fown) Month, D. y. Y. (State) 20c TIME OF INJURY (County) Not While fectory, straet, office bldg., etc.) While Hour a.m. et work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry X and in my opinion 0 5 0 Natural causes X. Accident . Surcide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town or county) 22. BURIAL, CREMATION, 22b, DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) 940 g Burial Rockville 246, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR AUG 21 '61 Bethesda, Maryland Pumphrev VS. AISME 5M 9160

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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uted within 24 hours ofter death. Page 4.

by the funeral of a 2 shauld be [A

may be 15 by the Espatal or attending physician.

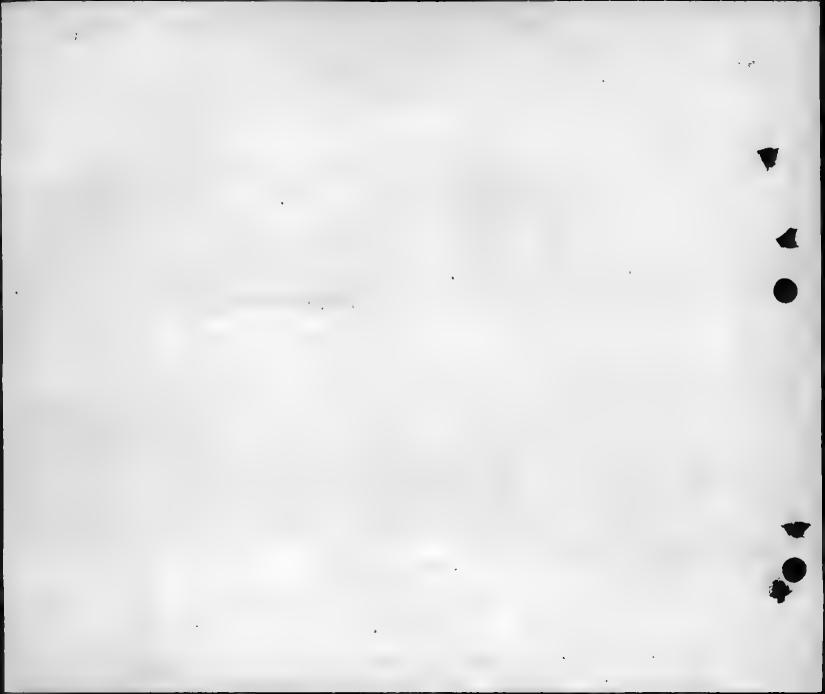
TO FUNERAC DIRECTOR: After this certificate has been signed by the othending physician and completely filled page 3 shauld be detached for use as the buriol-transit permit. The please remove carbon pagers. Pages 1 the State Board of Health prior to buriol, cremation, ar remayol, and in any event, within 72 hours ofter deathman.

III P≣YSICIAN: The tow requires that the d≣ath g

TO HOSPITAL

VR ATS (4) 15M 9/59

		9361	7		CER	TIFICA	TE OF DEATH	, , , , , ,		03358
1. PLACE O a. COUN	F DEATH	mta	me	<u> </u>		MARYLAND	2. USUAL RESIDENCE (WI		If institution: Reside	ince before admission)
TUKO	ma	If auts de far	7	•	c. LENGTH OF	STAY IN 16	11 716	outside corporate limi	its, write RURAL ond	
OR IN	STITUTION	TAL (If not in		teents evi	. 13	2	d. STREET ADDRESS V		67×	e IS RESIDENCE ON A FARM? YES NO
3. NAME O DECEASE (Type or	D	An	nie	st	Fren	Aiddle	Palmer	4. DATE OF DEATH	Month	24 196/
s sex		6 COLOR	U	WIDOWE	D DIV	ORCED	Aug 13 187	6 8	biffiday) Manths	R 1 YEAR IF UNDER 24 HRS Doys Hours Min
during i	most of war	ON (Give kind king life, ever	i of work	dane 10b.	KIND OF BUSIN	ESS OR INDU	STRY W. BIRTHPLACE (Stole	ia	12 CI	U.S.
13. FATHER'S	Har	vey	Ro	9,0			14 MOTHER'S MAIDEN I	name Hal	20	
15 WAS DE		ER IN U. SA (If yes, give wor	RMED FOR or dates of s		SOCIAL SECURIT		rs.Edith Po	penoe, S	Address Si 9502 Tho	lver Sp.,Md rn Hill Rd.
		ATH [Enter of ATH WAS CAN IMMEDIATE	USED BY:	<u>, C</u>	e for (a), (b), or	1 th	sizod mor			NTERVAL BETWEEN ONSET AND DEATH
gove couse	rise to	iny, which immediate the <u>under-</u>	(b DUE TO (c		cnerali	zed o	irlerioseleras	i.d"		Jeveral year
CERTIFICATION CERTIFICATION CERTIFICATION	PART II. OT	HER SIGNIFIC	ANT CON	DITIONS	ONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PA	RT I(a) 19 WAS AUTOPSY PERFORMED? YES NO [1]
	NTRIBUTING	AS UNDERLYI G CAUSE O MEDICAL EX	OF DEATH	20b DES0	ERIBE HOW INJI	JRY OCCURRE	D (Enter noture of injury in	Part I or Part II of its	em 18)	
~	E OF INJU our a.m. p.m.	RY Month	Day, Ye	ar 20d li While at work	NJURY OCCURRE Not while at work	D 20e. PL	ACE OF INJURY (Home, farm ctory, street, affice bldg , etc	20f (City ar town	1)	(County) (Stote)
		at (I) (this	· A.) attend	ed the dece		May 7 19 leath accurred at 7			61, that (1) (we) last ne date stated above.
	GNATURE	Ben	netl	3,80	rtes by	-3		ED STAF	f o	Aug 24 1961
22c, PH'	YSICIAN'S IME (Type)	Benn	et 1	1. 8.	ter Jr.	MID.	9301 (ole	rville Rdy	Silverspri	ng Md.
23a BURIAL	, erematu Fal=(Specify		5/6]		High]		Cemetery	23d LOCATION (C	rell. N.	(State)
24 FUNERAL	L DIRECTOI	MES SIGNATUR	E 20.	2	ADDRESS PCV-14 3	5T. NO	WASA, 250. REC	D BY REGISTRAR UIG 2 8 '61	25b REGISTRAR'S S	A House



IARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RE TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where decresed lived, If Institutions Residence before edmission) 1. PLACE OF DEATH COUNTY **b.** COUNTY Montgomery Maryland MARYLAND c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Bethesda (Rural) 17 days Bethesda d. NAME OF HOSPITAL Cir. INSTITUTION (if not in hospite, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 9209 Bulls Run Pkwy YES 🔲 NO 🛣 U. S. Naval Hospital 3 NAME OF Middle DECEASED OF (Type or print) 1961 DEATH Thad Patrick August AGE (In years (IF UNDER 1 YEAR , IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 🔀 NEVER MARRIED 📗 last birthday) Months | Days Hours Male Caucasian W.DOWED [D YORCED 100. USUAL OCCUPATION G verkind of work 106 KIND OF BUSINESS OR INDUSTRY 11 EREIF ACE (County & State or foreign country, 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA USPHS Sanitary Engineer Texas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William T. Patrick Lula Bond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) (Ifyesgive wer or detes of service) Carolyn M. Patrick Same as #2 above WW II 18 CAUSE OF DEATH [Enter only one cause per line for (a) ,b) end ,c) } INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: UBARACHNOID HEMORRHAGE IMMEDIATE CAUSE (a) RUPTURED INTRACRANIAL ANEURYSM Conditions, if any, which geve rise to Immediate cause **DUE TO** (e), sletting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO [200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW NURY OCCURED, lEnter neture of injury in Pert I or Port II of tem 18, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED, 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stelle) fectory, street, office bldg., etc.) While Not While Hour e.m. el work et work 21. I certify that (this hospital) attended the deceased from, July 19 61, and that death occurred at 19:140PM from the causes and on the date stated above saw the deceased alive on August 3 22b DATE 22a S GNATURE ATTENDING DIRECTOR PHYS. August 4. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type, R.W. MACKIE CAPT U. S. Naval Hospital, Bethesda, Md. 23d. LC CATION by town or county 123c, NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMAT Oh. | 23b. DATE THEREOF REMOVAL (Specify) 8/8/61 Capitol Mem. Gardens Burial Austin, Texas

Bethesda,

Wisconsin Ave. Maryland DAULUG

1256 REC'D BY REGISTRAR 1256 REGISTRAR S SIGNATURE

Goodbour & House

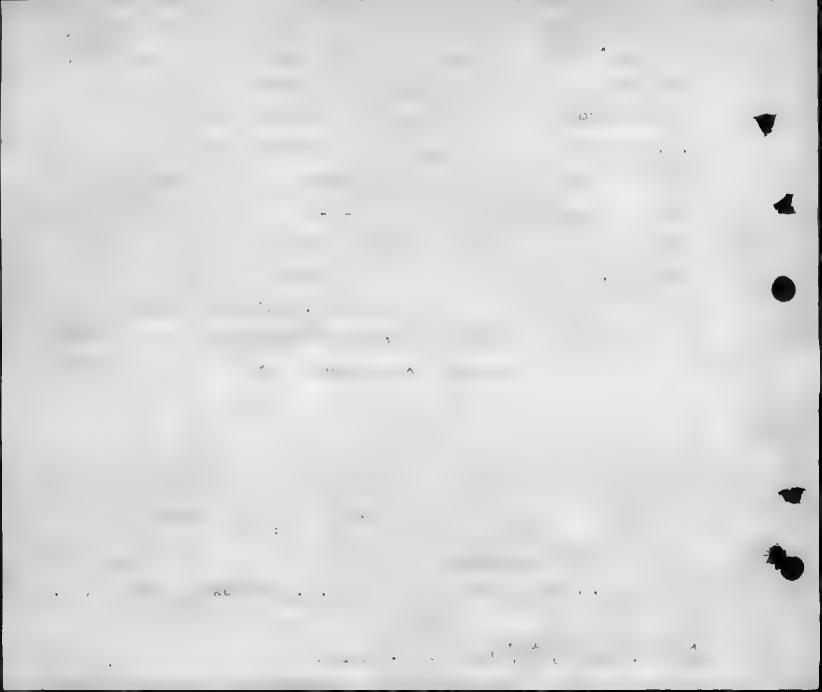
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funeral

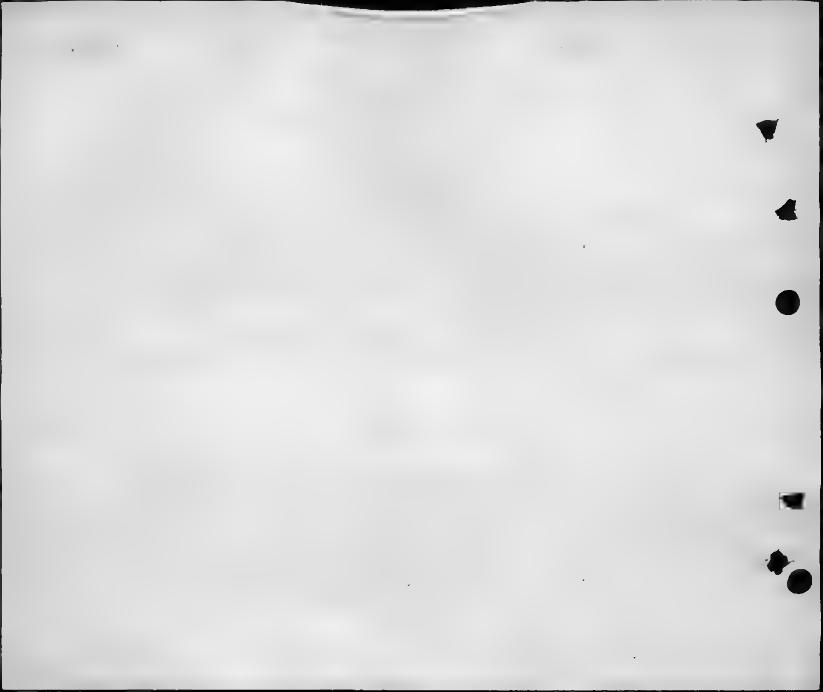
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and



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission) a. COUNTY Grz V-gorner MARYLAND pmas b. CITY OR TOWN If outs de corporale I mits, with RURAL and give nearest lown) c. CITY OR TOWN, If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 a. IS RESIDENCE OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO NO 3. NAME OF First Middle DECEASED OF (Type or print) DEATH 19 5 SEX 9. AGE In yours HE UNDER TYEAR COLOR OR RACE IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED yrs. physician remove 10b. KIND OF BUS NESS OR INDUSTRY State, or toreign country! 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME attending pl MOTHER & MAIDEN NAME ء. and Then 15. WAS DECEASED EXER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) /(If yes give wer or detas of service lhe 18. CAUSE OF DEATH [Enter on y one cause per line for (at, (b., and ,c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Au dola signed DUE TO Conditions, if eny, which geve rise la immediate ceuse DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CATION PERFORMED? NO · 20e, ACCIDENT WAS UNDERLYING | 20b DESCRIBE HOW INJURY OCCURED. (Enter parture of injury in Part 1 or Part II of item 18)
OR CONTRIBUTING | CAUSE OF DEATH CERTIFIC (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 200 PLACE OF INJURY (Home, farm, 20f (City or fown) (County) (State) Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour s.m. at work at work p.m. OH: 21. I certify that (1) (this hospital) attended the deceased from....... to, 19, that (I) (we) last saw the deceased alive on. 225. DATE 220. SIGNATURE ATTENDING SIGNED M DIRECTOR PHYS. PHYS. M.D. death. Page. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 1 23a, BURIAN, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOYPH (Sportfy) OF H 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 AUG



TO HOSPITAL AT ADING PHYSICIAN. The law requires that the hoer in the executed within 24 hours after death. The red and by the most spiral are attending physician.

TO FUNE ALL EXECTOR. After this certificate has been signed by the after physician and complete. It is director, page 3 should be detached for use as the berial-transit permit. Then pleme remove carbon papers. Ages 1 and 2 should be filed with the State Dupt, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

IDING PHYSICIAN: The law requires that the

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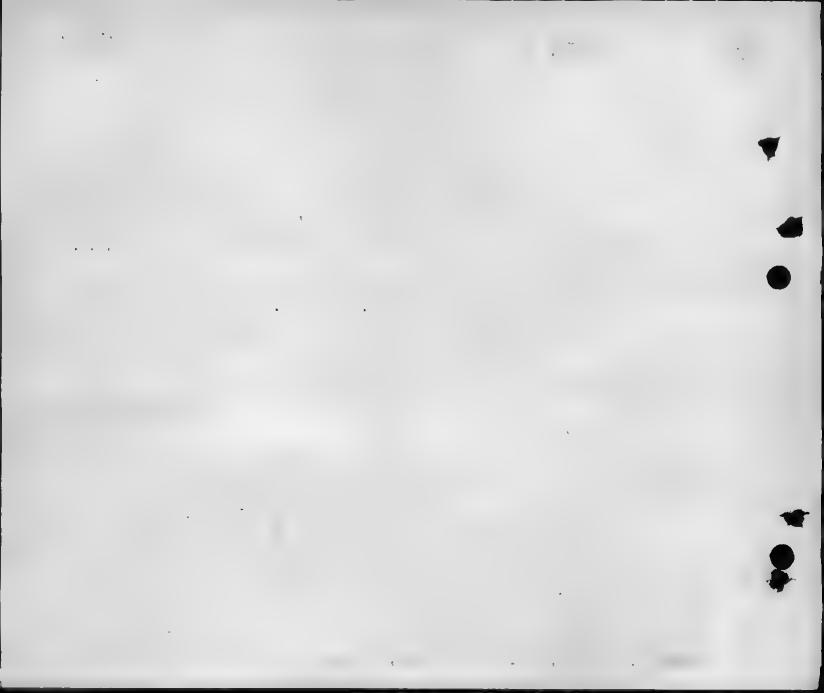
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

() 9361

7 1	_				-E _
	1. 3	PLACE OF DEATH		eesed lived, If institutions Residence before	ore edmiss on)
		1	e. STATE	b. COUNTY	
		10NLCOMESA WARATUM	MARYLAND	MONTGO TERY	
	l E	b. CITY OR TOWN (if outside corporate I m 's, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corpo	rate I m Is, write RURAL and give necrest	lown)
	0		SILVER SPRING	X	
		LILVER SPRING d. NAME OF HOSP, TAL OR INSTITUTION (1 not In hospite, give street eddress)	d. STREET ADDRESS		5 RESIDENCE
		a. NAME OF HOSPITAL OR INSTITUTION (1 not in pospire, give street eddress)	d. STREET ADDRESS		ON A FARM?
	8	:18 GIST AVENUE	818 GIST AVENUE		NO V
	ä. :	NAME OF First Middle	Last 4. DATE	Month Dey	Year
		DECEASED	OF	14400011	
	1	(Typ) or print) MARTHA MACLEOD PL	(NKETT DEATH	AUGUST 29,	19 61
	5	SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED 3	. DATE OF BIRTH 9.	AGE IN YOUR IF UNDER I YEAR, IF UN	DER 24 HRS.
	_			last birthdey) Months Deys Hou	rs Min,
		EMATE MHILE MIDOMED DINOUGED NO	VEMBER 2, 1890 7	Ο να-	
	10a.	. USUAL OCCUPATION (GIVS KIND OF WORK 10b. KIND OF BUSINESS OR INDUSTR	Y 11 PIRTHPLACE (County & State, or f	preign country) 12. CITIZEN OF WHA	AT COUNTRY?
		ne during most of working life, even if retired)			
		ACHER-ROTI RED	NORTH CAROLINA	U.S.A.	_
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
М	12	HENRY MACLEOD	UNKNOWN		
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1		Address	_
	(Yes	s, no, or unkown) (Ifyes g'vewer or de as of service)	*** O 11214	818 CIST AVENUE	
		NO MR	. CHARLES T. PLUNKE	TISTIVER SPRING. M	ARYLAND
	-	18 CATESE OF DEATH Enter only one serve per tipe for (a) (b) and (c) ?		I NITOVAI	BETWEEN
		PART I. DEATH WAS CAUSED BY	ITESTINAL HER	TARRUPLE ONSELA	ND DEATH
		MMEDIATE CALSE 10. 1/14 35/02	1231121121	18	1112
		7 7 X DUE TO			
		Conditions, if any, which			
		gave rise to immediate cause		**	
		(a), stelling the underlying DUE TO			
		ceuse lest. ————————————————————————————————————			
	z	PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE C	OND TION GIVEN IN PART I(a) 19, WA	S ALTOPSY
	CATION	DIABETES MELLITY		-	REORMED?
ì	5	DIAGETES TELLITE	<u></u>	YES	NO IT
	無日	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	, (Enter ne are of in ary in Pert I or Part II)	of lem 18.)	
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
			CF OF D. HIEV DI	15.	(State)
	CAL		CE OF INJURY (Home, farm, 20f. (City ory, street, office bldg., etc.)	or lown) (County)	(51010)
	MED	p.m. 19 at work at work			
	-		10449	29AVG- 106/11/11	D. C
		21. I certify that (i) (this hospital) attended the deceased from		29 AV G., 1967, that (i) (we) last
		saw the deceased alive on	death occured at 3.C., M, from	the causes and on the date st	ated above.
	Н	220, SIGNATURE		/	22b. DATE
		Z(2)now	ATTENDING MED.	STAFF 8/2-9	SIGNED
		22c. PHYSICIAN'S	D. PHYS. DIRECTOR	-/ /	_
		NAME (Type) LEE B. SNOW		,	
		Tag 8 SWOM	7950 NEW HAMPSHIR	E AVEN''E	
	238	BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY	OR CREMATORY 23d. LOCA	TION (City, town or county)	(State)
	20-	REMOYAL (Specify)			
	BU			INGTON, VIRGINIA	
	240	FUNERAL DIRECTOR'S SIGNATURE SKA 8434 GEORGEA AVENI	TE 2So. RESID Y-REGIST		
	SA.	RUER E, PUMPHREY, INC. SILVER SPRING, M.		arthur S. Kraus	
	1427	The state of the state of the state of the state of the	7247 23424137		



HOSPITAT RAN EVALUATE PHYSICIAN: The law requires that the math certified be executed within 24 hours after death of the retained by the hospital or attending physician.

O FUNDAAL DIRECTOR: After this certificate has been signed by the after 19 physician and completed line by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Jages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL death TO FUNERAL

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	3911	CERTIFICATE	OF DEATH		03368
1	I. PLACE OF DEATH a. COUNTY MONT GOMERY b. C.TY OR TOWN (if outside corporate I mits, write RURAL and give necess lown) OLNEY	MARYLAND c LENGTH OF STAY IN 16 14 DAYS	e. STATE MARYL c. CITY OR TOWN (III	b. COUNTY	MONT GOMERY RAL and give nearest town)
of	d. NAME OF HOSPITAL OR INSTITUTION (1 not in ho MONT GOMERY GENERAL HOSPI 3. NAME OF First DECRASED		d. STREET ADDRESS	SELLUM AVE.	e. IS RESIDENCE ON A FARM YES NO
	(Type or print) THOMAS 5. SEX 6 COLOR OR RACE 7. MARRI MALE WIDOW 10a. USUAL OCCUPATION (Give kind of work 10b.)	- N	POPE DATE OF BIRTH SEPT. 19, 187	/2 80 yrs.	
	done during most of working life, even it retired) RETIRED - GOVERNMENT TO FATHER'S NAME JOSEPH POPE		MARYLAN	10	U.S.
	15. WAS DECEASED EYER IN J.S. ARMED FORCES? 16 (Yes, no, or unkown) ((Ifyesgivewerordelesofservice)) 18. CAUSE OF DEATH [Enter only one ceuse per	line for (e , (b), end c).]	HOSPITAL	Address RECORDS	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: JMMEDIATE CAUSE (e) Conditions, Peny, which geve rise to immediate cause (e), stelling the underlying cause last. (c)		Holmon hlebitis	~	3 9 94 5
	PART II OTHER'S GN FICANT CONDITIONS CO. 206. ACCIDENT WAS UNDERLY NG 206 DE: OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	NTRIBUTING TO DEATH BUT NO			IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO 2
	20c. TIME OF INJURY Month, Dey, Year 20d. While wo	rk at work	ory, street, office bldg., etc.)		(County) (State)
	21. I certify that (I) (this hospital) after saw the deceased alive on Aller 226. SIGNATURE 226. SIGNATURE 226. PHYSICIAN'S NAME (Type) J. SCHUMACHER,	1.1.196/, and that -cher M. D.	D PHYS. ADDRESS GAITHER	M, from the causes and ED. STAFF RECTOR PHYS. RSBURG, MARYLAND	d on the date stated above 22b. DATE SIGNE 2 2 6
	236. BUR AL, CREMATION 236- ATE THEREOF REMOVAL (Specify) 8-24 Wesley G	23c. NAME OF CEMETERY NOVE Cometer ADDRESS	¥	23d. LOCATION (City, town of Woodfield. D BY REGISTRAR 25b. REGIST	wid.

MIG 2 4 '61

Carol of S. Flines



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORD ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, I institution, Rasidence before admiss on) a. COUNTY **b.** COUNTY Montgomery

b CITY OR TOWN (if outside corporate | mits Arlington MARYLAND c LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporale limits, wit la RURA» and giv inserest town write RURAL and give nearest fown) Arlington Bethesda 31 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strant address) a. IS RESIDENCE The Clinical Center YES NO Chesterbrook Road NAME OF DECEASED OF [Type or print] DEATH 19 61 CLAY August വ 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years , F UNDER I YEAR F UNDER 24 HRS. 8 DATE OF BIRTH last birthday) | Months Hours Male WIDOWED [10a. UJUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Management Analyst Pennsylvania ATTHE USA 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME James Pryor Carrie Winters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT The Medical Record (Yas, no, or unkown) (Ifyasgivawarordatasofsarvice) The Clinical Center, Bethesda 14. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH Congestive Heart Failure With Pneumonitis Immediate IMMEDIATE CAUSE In. **DUE TO** (b) Amyloidosis with Multiple Myeloma 2 Months gava rise to immediate causa **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part Lor Part It of them 18.) 206 ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING | CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaer (County) (Stala) factory, straet, office bldg., etc.) __Not While at work at work 21. I certify that (i) (this hospital) attended the deceased from July 10, ..., 1961, to... August 10, 1961, that (i) (we) last saw the deceased alive on August 10, 10 61, and that death occurred al Q:56AKm the causes and on the date stated above. 22b. DATE 22a, SIGNATURE ATTENDING 8/10/61 DIRECTOR PHYS. PHYS. 22c PHYSICIAN'S The Clinical Center, National NAME (Typa) Robert Institutes of Health, Bethesda 14, Md.

23c. NAME OF CEMETERY OR CREMATORY

Washington 9. D.C.

Arlington National Cemetery

23d LOCATION (City, fown or county)

25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DATE AUG 1 4 '61

Ft. Myer.

Cirthun & Heart

car CTOR: A AE(death, Page O FUNERAL director, page 3 sl be filed with the 3 VR A15 (4) 15M 9/60

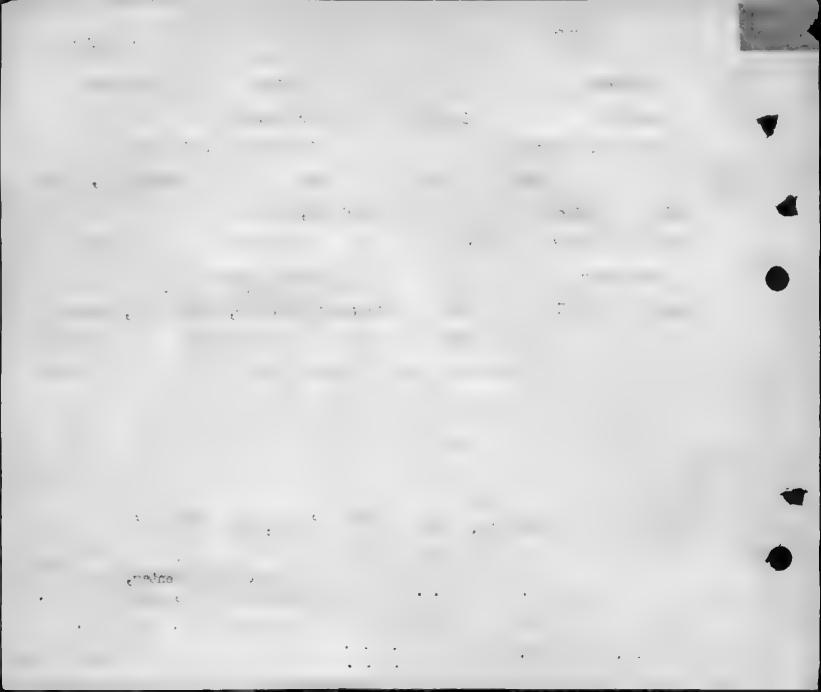
238 BURIAL, CREMATION | 236 DATE THEREOF

Hines

REMOVAL (Spacify)

24 FUNERAL DIRECTOR'S SIGNATURE

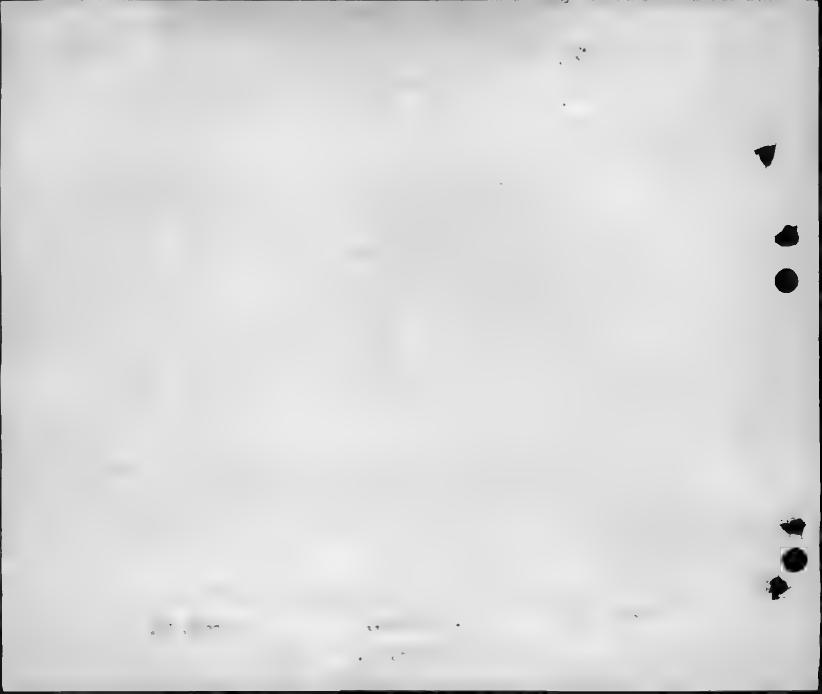
burial



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before edmission) a. COUNTY **b.** COUNTY Montgomery 90 MARYLAND Virginia b. CITY OR TOWN lif outside corporate limits c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) c. LENGTH OF STAY IN 16 के बें के write RURAL and give neerest town) days Bethesda. Herndon d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) . IS RESIDENCE d STREET ADDRESS hours a ON A FARM? U. S. Naval Hospital YES NO . Rt completely papers n 72 ho 3. NAME OF 4. DATE Month DECEASED OF 31 (Type or print) DEATH 61 Rentfrow August 19 .Tames Michael carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 5. SEX 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH pue last birthdey) Months Days Hours Caucasian DIVORCED . July 18. Malle 10a. USUAL OCCUPATION [Give kind of work емошел 10b. KIND OF BUSINESS OR INDUSTRY 11, BRTHP, ACE [County & State, or fore gri county) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Virginia USA any Infant 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME o M. Caldwell ple Darlene Jess W. Rentfrow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yas give wer or detes of service) (M) Darlene M. Rentfrow Same as #2 above 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart Disease IMMEDIATE CAUSE (e DUE TO affending Conditions, if any, which (b) gova rise to immediate cause DUE TO (e), stating the underlying has cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY certificate PERFORMED? NO use prior 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Perl I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH this : (IF EITHER, NOTIFY MEDICAL EXAMINER he detached f à 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED, 20e, P. ACE OF NJURY, Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) Not While While at work at work 21. I certify that M (this hospital) attended the deceased from. August 26 1961 to August saw the deceased alive on ... August 31 ... 19 61, and that death occurred at 1:10, from the causes and on the date stated above. K 22b. DATE 220 SIGNATURE ATTENDING MED STAFF SIGNED August 31, 1961 PHYS. DIRECTOR PHYS. FUNERAL lirector, page 22d. ADDRESS 22c. PHYSICIAN'S USNU. S. Naval Hospital, Bethesda, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 1 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0:58 Va. Chestnut Grove Cemetery Herndon ŏ Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE A15 (4) Green Funeral Home, Herndon, 15M 9/60 arthur & Kines



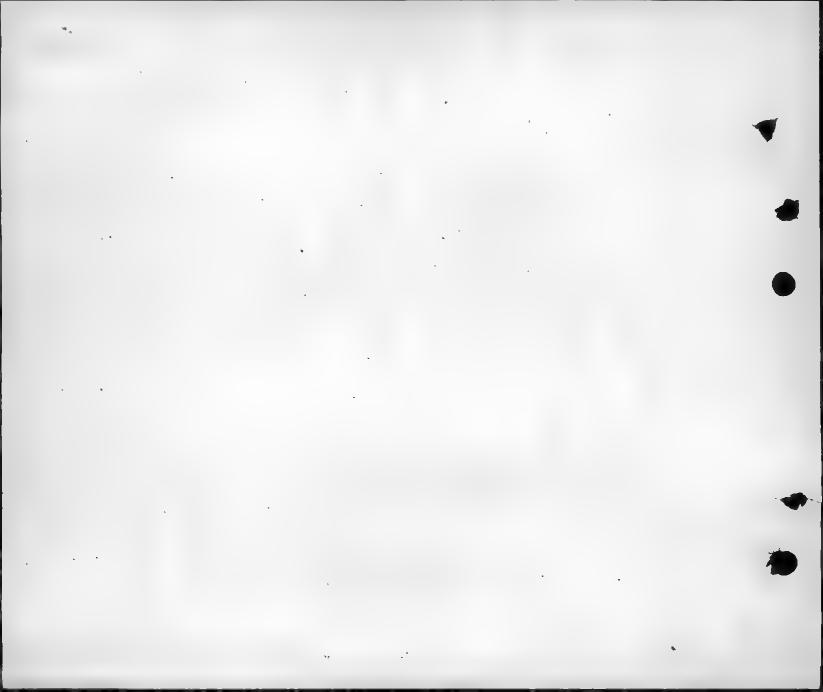
Division of STATISTICAL RES **BALTIMORE 1, MARYLAND** PLACE OF DEATH Items 8 & 9 Pilm TZ. USUAL RESIDENCE (Where daceased lived, if institution, Residence before admission) a. COUNTY Jomen Montgomery MARYLAND b. CITY OR TOWN (if outside corporate I mus c. LENGTH OF STAY IN 16 c. CITY OR TOWN If guis de corporate i mils, write RURAL and give nearest towny director. YOUR write RURAL and gwd rearest town) e 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES TO NO F 3. NAME OF M ddle DECEASED OF (Type or print) ARREN DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sage (A years IF UNDER 1 YEAR. 5. SEX 8. DATE OF BIRTH 2 wit 1,2,3 199 5 m and 2 w hours Months | Days WIDOWED [10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY, 11/ 12. CITIZEN OF WHAT COUNTRY? ve Pages I, 2 PM3--Rage done during most of working life, avan if retrad, LABORER pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 18. Give I WAS DECEASED EVER IN U.S. ARMED FORCES? Z 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (ifyas give, war or dates of service) pencil in Item 1 18. CAUSE OF DEATH [inter only of a cause per line for (a), (b, INTERVAL BETWEEN along , ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Office DUE TO Surial Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying hould be used I, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION PERFORMIDE YES NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part it of from 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF BEATH. air compresso to bruch the C. 20d. INJURY OCCURRED 20e. PLACE Of INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) While Not While at work at work Tulou 196 should be forwarded to the FUNERAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry Suicide Undetermined manner Accident | X | Homicide | death resulted from. Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lawn, or county) 22a. BURIAL, CREMATION. DATE THEREO 224. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REAL WALL (Specify) Mt. Pleasant. 40 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Rockville. Chilling S. House '61 5M 7/59





CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH * 2. USUAL RESIDENCE Where deceased lived, If institution, Residence before admission · COUNTY MARYLAND CIPY-OR TOWN/If outside corporate limits, write c LEMBTH OF STAY IN 16 Ilf outside corporate limits, write RURAV d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO'S NAME OF First 4 DATE Middle Month Year DECEASED OF DEATH (Type or print) 196 IF LINDER TYEAR IF UNDER 24 HRS 5 SEX 9 AGE (In years 7 MARRIED T NEVER MARRIED T B DATE OF birthday) Months Days WIDOWED N DIVORCED | yrs papers. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS 12 CITIZEN OF WHAT COUNTRY? pup carban 13. FATHER'S NAME MAIDEN NAME physician remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN Address Man affending 18 CAUSE OF DEATH [Enter only one couse per line for (o) (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH a PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO METASTATIC CARCINOMA Conditions if ony, which gave rise to immediate DUE TO couse (o), sloting the under OF PROSTATE lying couse last. WAS ALTOPSY PERFORMED? YES 🔲 NO 🕅 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of in vry in Part I or Part II of item 18.) cate 20c. TIME OF INJURY Month. 20e PLACE OF NJURY (Home, form, 20f (City or lown) 20d INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) O. III Not while While of work at work 3 2 ice 186/ that I last saw the deceased 1955 la LIME 21. I certify that I attended the deceased from , and that death accurred at 1/ f. M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 3 A WG. 196 ACTUAL SIGNATURE M.D. DA-WSONLILLE prior ۵ PHYSICIAN'S moy be reto NAME (Type) BURIAL CREMATION 220 NAME OF CEMETERY OR CREMATORY (City, lown, or county) (Stole) REC'D BY REGISTRAR ADDRES! 24b. REGISTRAR'S SIGNATURE Circhus S. House VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 9377 CERTIFICATE OF DEATH with director PLACE OF DEATH n 24 haurs after death. Page COUNTY o-STATE **b. COUNTY** MARYLAND Mont gornery rerse CITY OR TOWN (If outside derporate limits, write RURAL and give nearest toyl) c. LENGTH OF STAY IN 16 70 soma AC NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 25 b.note 1 120 20 .드 등 4. DATE Middle Month DECEASED DEATH (Type or print) may 1501 MARRIED NEVER MARRIED S. SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years afte DIVORCED | WIDOWED [7] YES papers. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) and carban 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician remaye 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give war or dates of service) attending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ā PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE IN **DUE TO** Á Conditions, if ony, which Permit (b) Signed gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. **burial-transit** (c) peen PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation, has aftending 206 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, Doy, Year 20d INJURY OCCURRED 20f (City or town) foctory, street, office bldg., etc.) Hour o.m. While Not while this ot work 🔲 of work 📋 p. m. After 1940 190/.. that (I) (we) last 21 I certify that (I) (this hospital) attended the deceased from ___ defached and that death accurred at 41100 from the causes and an the date stated above saw the deceased alive an. SE: 220 SIGNATURE M D. PHYS. DIRECTOR [PHYS Board 22c PHYSICIAN S 22d. ADDRESS 6 FUNERAL D NAME (Type) 600 page 3 sh the State I 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (GMy, lown, or county BUR AL CREMATION REMOVAL (Specify) 10 250. REC'D BY REGISTRAR 25H REGISTRATES EUNERAL DIRECTOR'S SIGNATU VR AIS (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) e IS RESIDENCE ON A FARM? YES NO NO Day OF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours

Yeor

INTERVAL BETWEEN MOTHER

PERFORMED?

YES NO 📝

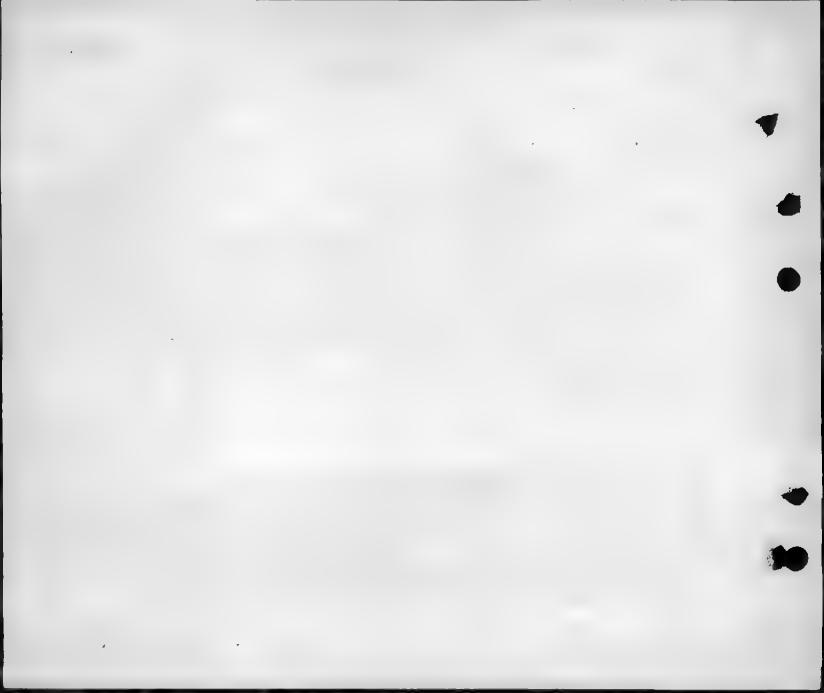
(Stote)

22b DATE **ISIGNED**

(Stote)

(County)

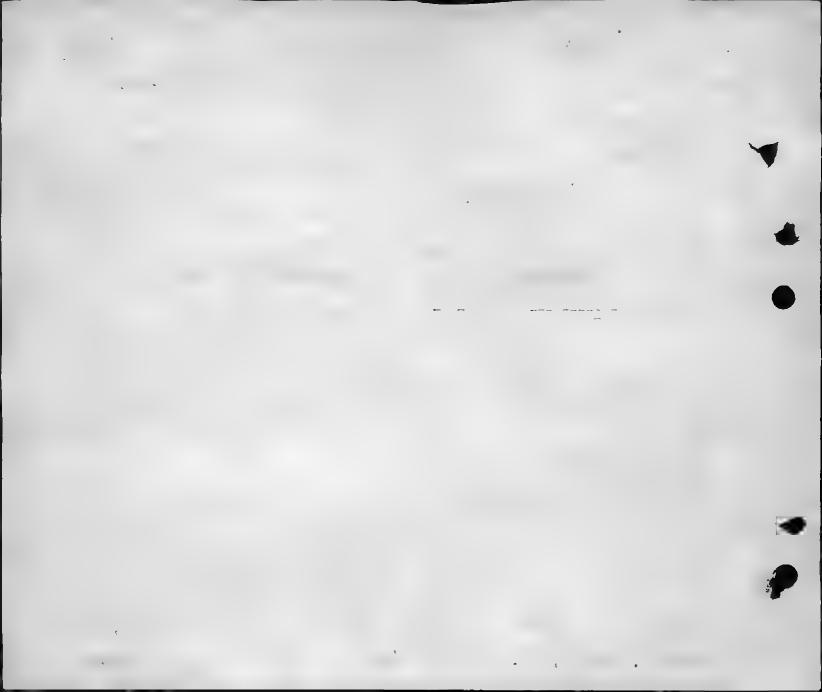
1961



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) a. COUNTY MARYLAND ONTGOMERY c. CIY OR TOWN (If outs da corporete l'miss, write RUAL and give nerest town) CITY OR TOWN (if outside comporate imits, E. LENGTH OF STAY IN 16 write RURAL end give sparest town) akoma d. NAME OF HOSPITAL OR INSTITUTION of not in . IS RESIDENCE ON A FARM? reating & Washington

3. NAME OF DECEASED YES NO Year (Type or print DEATH 13 1961 9. AGE (In soars | IF UNDER I YEAR IF UNDER 24 HRS. Hours Carl September 10 xxxxx 33 male WIDOWED [DIVORCED physician 100. LSUAL OCCUPATION (G ve kind of work геттом 10b. KIND, OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Lightin Dispensary Assistant Manager - Mantgonery County MOTHER'S FAIDEN NAME Columbus Rosa Ledbetter TEORGE TERM U.S ARMYD FORCES? (Yes, no, or unkown) | (If yes give wer or detes of service) 578-05-3463 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CONGESTION HEAVE IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gava tisa to immediate cause DUE TO (a), stating the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO X 200, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of 'tem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work at work DIRECTOR: saw the deceased alive on.... 220. S GNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Typa) FUN. ector, 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ೱಕ್ಕಿರಡಿ 8/15/61 Burial Parklawn Cemeterv Montgomery County, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Silver Spring, Maryland VR A15 (4) RaymonD. A. ZISKA 15M 9/60 Cirthun & House Pumphrey, Inc. 8434 Georgia Avenue DATE

RYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL O

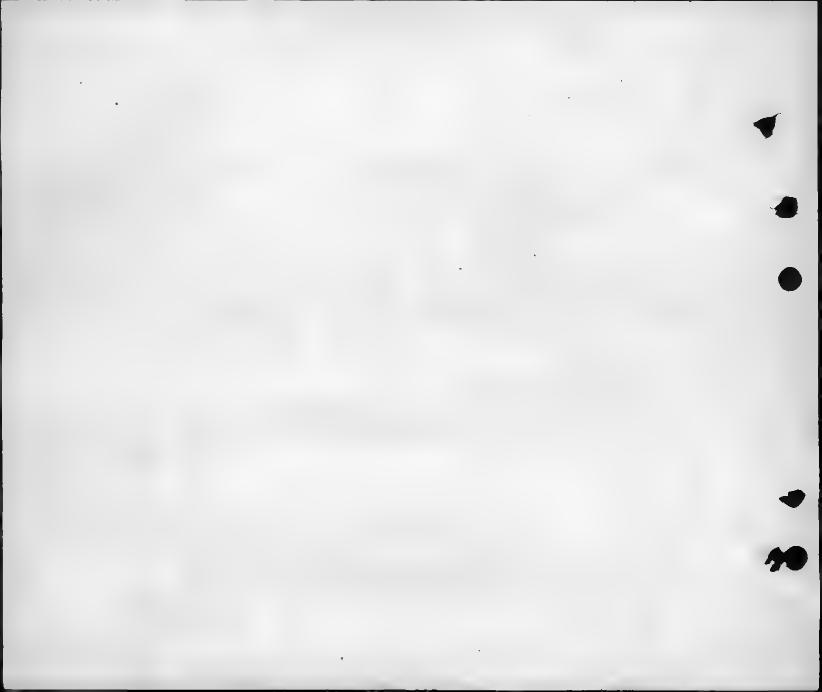
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9379

09372

d. NAME OF HOSPITAL (If not in hospitor, give street address) OR INSTITUTION JUDILLE D ZIE	Md, b. COUNTY montgomers
d. NAME OF HOSPITAL (If not in hospitor, give street address) OR INSTITUTION OR INSTITUTION	
d. NAME OF HOSPITAL (If not in hospitor, give street address) OR INSTITUTION DUBLISH DEM	R TOWN (If outside corporate limits, write RURAL and grychearest town)
d. NAME OF HOSPITAL (If not in hospitor, give street address) OR INSTITUTION Suburb 224	Boulds
I Suburbany 1	ADDRES e IS RESIDENCE
	ON A FARM? YES X NO [
3. NAME OF First Middle 1	Last 4. DATE Manth Day Year
DECEASED	I'm DEATH Theeg, 3 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BI	The state of the s
female white WIDOWED DIVORCED 18/5.	lost birthody) Months Days Hours Min.
490 USUAL OCCUPATION (Give kind of work dane of the during most of working life, even if retired)	IPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
none Housewife	entucky a. 3. 14
13. PATHER'S NAME	R'S MAIDEN NAME
7/02/ Farmer H	me Imall wood.
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT	/ Address
No none / Zuid	e Nose of same to Hour.
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).)	I INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) ACT REMONT	2916 PAMPEATURE ONSET AND DEATH
S\$ 7 O DUE TO	
Conditions, if ony, which) (b)	
gave rise to immediate	
couse (a), stating the <u>under</u> DUE TO lying cause last. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
AATO	PERFORMED? YES IN O
20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature	2 0
OR CONTRIBUTING I CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER)	
	Y (Home form, 20f. (City or town) (County) (State)
Hour a. m. White Nat white factory, street, at work of wark	nee Breg., etc.)
21 I certify that (I) (this hospital) attended the deceased from	2 . 1961, to 8 /3 . 1961, that (1) (we) last
A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	red and M, from the causes and an the date stated above.
22o SIGNATURE	22h DATE
TO De TO NO PHYS	ING MED STAFF SIGNED STAFF
22c PHYSICIAN'S 22d ADI	
NAME (Type) NO BERTO, BREWER	8218 WISCONSIN AM- BEIN
230 BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City, town, ar county) (State)
Burial 8/7/61 Yellow Hill	Pike County, Kentucky
24 FUNERAC DIRECTOR'S SIGNATURE / / ADDRESS	25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ulm J. Molsunth Damascus, Md.	DATE AUG 7 '61



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9389MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY Health, a. STATE **b.** COUNTY files. MARYLAND b. CITY OR TOWN (if outs the corporate I mits write RURAL and give regrest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) actor. for your Board of t d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) retained State NAME OF DATE Month DECEASED the (Type or print) DEATH with 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers 2 with last birthday) | Months pue WIDOWED [DIVORCED PAGES 1, 2, and PAGES 5 reports 1 and 2 without 2 long 2 l 10s. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OF INDUSTRY dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give P. iinknown Unknown File 15, WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yas, no, or unkown) (Ifyesgivewar or datas of service) Ruby Rosenbaum-Wife-same 2d Office along with burial-transit perm Yes WW Unknown 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiata cause 10 **DUE TO** (a), stelling the underlying cours last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19, WAS AUTOPSY CERTIFICATION 2 Medical should by 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) ficate, h. to the Ch. Page 3 s. burial, c. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 1 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, 20c. TIME OF INJURY Month, Day, Year 201. [City or lown] Not While factory, street, office bldg., alc.) While Hour a.m. at work at work p,m, CTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry 1 forwarded to L DIRECTO ated agent, p certifi Natural causes X death resulted from Accident . Suicide Homicide | Undetermined manner [CHIEF MEDICAL EXAMINER ACTUAL lease execute should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER SIGNATURE _ DEPUTY MEDICAL EXAMINER DEPUT ISLOSCHALT NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₫40 g Happy Valley Mem. Park Burial Elizabethton, Tennessee 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR + 24b. REGISTRAR'S SIGNATURE

Robert A. Pumphrey

Bethesda, Marylandpanis 7

IS RESIDENCE ON A FARM?

YES NO

196

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO A

(State)

and in my opinion

DATE SIGNED

(Slale)

andele

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 1 YEAR !

(County)

Circling S. Kraus

VS. AISME 5M 9/60



CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND MONTGONERY MARYLAND MONTGOMER b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 70 BETTHES DI BETHESIA d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? AINGLETON SINGLETON YES NO NAME OF Middle Year DECEASED ISRAEL OSENBLUM DEATH (Type or print) UGUKT 196 5. SEX 9. AGE (In years last byrthday) 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 FIRS. Months WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

OWKER-STORE LEANING 13. FATHER'S NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address MORRIS ACKERAAN Y307 ASH BORODA. CHCH eose 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) CORONARY LAMEDIATE **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), slating the underlying cause lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lawn) (County) (Stole) Hour factory, street, office bldg., atc.) 0. /1. While Not while of work of work 21. I certify that I attended the deceased from.... AUGUST 1961, that I last saw the deceased _, and that deoth occurred at _ & M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) det ALASKA AVENUEND AUGUSTS PHYSICIAN'S KRICHMAN WASHINGTON 12 D.C. NAME (Type) 22a. BURIAL, GREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Slote) REMOVAL (Specify) NAVID MEMORIAL GARDEN 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ハロッカド

ı	0389	CERTIFICATE	OF DEATH	(1937)
1	PLACE OF DEATH B. COUNTY Montgomery	MARYLAND	. STATE Kentucky	od lived, If institution. Residence before admission by COUNTY
	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest town) Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	c. LENGTH OF STAY IN 16 5 Days spital, give street address)	Harlan d STREET ADDRESS	Imits, write RURAL end give neerest lown) Solution Memorial a. IS RES DENC ON A FARM
	The Clinical Center, Bethe	Midde	Browning, Apt. #17,	Harlan HospitaTES NO S
	(Type or pr nt) Sergio 6. COLOR OR RACE 7. MARRI White WIDOW	ED NEVER MARRIED . B D	anuary 18, 1960 1	E (In yeers IF UNDER I YEAR IF UNDER 24 HRS bithdey) Months Deys Hours Min.
	10s. USUAL OCCUPATION (Give kind of work tob. It done during most of working life, even if retired) Child 13. FATHER'S NAME	None	11. BIRTHPLACE County & State, or foreign Kentucky MOTHER'S MAIDEN NAME	U.S.A.
)	Ottao A. Santos		Suganne B. Fount	on Adding
	18. CAUSE OF DEATH [Enter only one cause per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e. Conge:	None The (has for (e), (b), and (c). •h; stive heart fail:	Clinical Center, Bet roni passive conge	therda, ll. Maryland
	geve rise to immediate cause (e), stating the underlying course lest. (c)	logy of Fallot	RELATED TO THE TERMINAL PHILADON	Congenital Grant average (a), 19. WAS AUTOPS
	POSTOPERATION OF CONDITIONS CO	astomosis of rigi	ht subclavian arter	y to right YES NO [
	Hour a.m. While the work was th	la Not While fectory,	OF INJURY (Home, farm, 20f. (City or final street, office bldg., etc.)	
	21. I certify that (i) (this hospital) after saw the deceased alive on August	ded the deceased from 4	eath occured at 11 100 Am the	ICUST12, 190 Lithat (I) (we) label causes and on the date stated above 22b DATE
	220. SIGNATURE 220. PHYSICIAN'S NAME (Type) THOMAS FIELEGAN	JR. M.D.	22d ADDRESS The Clinica	1455 pg 8/19/61 SIGN 11 Center, National 1th, Bethesda 11, Md.
	238. BUR.AL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) BULLING 24 FUNERAL DIRECTOR'S SIGNATURE 25 SIGNATURE 26 SIGNATURE 27 SIGNATURE 28 SIGNATURE 28 SIGNATURE 29 SIGNATURE 29 SIGNATURE 20 SIGNATURE 20 SIGNATURE 20 SIGNATURE 20 SIGNATURE 21 SIGNATURE 22 SIGNATURE 23 SIGNATURE 24 SIGNATURE 25 SIGNATURE 26 SIGNATURE 26 SIGNATURE 27 SIGNATURE 28 SIGNATURE 28 SIGNATURE 28 SIGNATURE 28 SIGNATURE 28 SIGNATURE 29 SIGNATURE 29 SIGNATURE 20 SIGNATURE 20 SIGNATURE 20 SIGNATURE 20 SIGNATURE 21 SIGNATURE 22 SIGNATURE 23 SIGNATURE 24 SIGNATURE 25 SIGNATURE 26 SIGNATURE 26 SIGNATURE 27 SIGNATURE 28 SIGNATURE	23c. NAME OF CEMPTERY OR ADDRESS	Senterer Has	N (Ghy, town or country (Siele) An Enter Ry 25b REGISTRAR'S SIGNATURE
	Lakes 4. Lunghery	Betherda, 2	DATAUG 2 2 '61	authur & House

TO HOSPIT DR AT. LIDING PHYSICIAN: The law requires that the path certifier be executed within 24 hours after death. Per may be referred by the hospital or attending physician and completely did not the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Leges 1 and 2 should be filed with the State Dept. of Health prior to burial-transit or removal, and in any event, within 72 hours after death. VR A15 (4) 15₩ 9/60

Û



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0202

09376

2000		
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residue STATE b. COUNTY	dence before admission)
Montgomery MARYLAND	Maryland Montee	
b. CITY OR TOWN (f cutside corporate limits, write C LENGTH OF STAY IN 1b RURAL and g ve nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL or	
Silver Spring	Takoma Park	le set n
or institution 700 Philadelphia Ave.	d. STREET ADDRESS	o S RESIDENCE ON A FARM?
Shannon Nursing Home	952-East-West Hwar	YES NO
3. NAME OF First Middle DECEASED	Last 4 DATE Month OF	Day Year
The state of the s	Scandolos DEATH Aug.	11 19 61
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (in years IF UNIT lost birthdoy) Month	DER 1 YEAR IF UNDER 24 HRS IS Doys Hours Min.
Male White WIDOWED DIVORCED	March 25-1896 65 Vis	oys Man.
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (State or foreign country) 12.4	CITIZEN OF WHAT COUNTRY?
Resturant Owner	Greece	II.S. A
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
John Scandolos	Helen Margelos	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, gave wer or dates of service)	NFORMANT Address	
no Proposition (1) In yes, give war or dates or terrice)	ursing Home Records	
1B. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conjusting A	out Lacline	ONSEL AND DEATH
Conditions, if ony, which) the Lay her tensure A	la la Reserve	
gove rise to immediate		
lying cause lost.		
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PART 1(a) 19 WAS AUTOPSY PERFORMED?
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		YES NO
	ED. (Enter nature of injury in Part I or Part II of item 18.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e P.	LACE OF INJURY (Home, farm, 20f (City or lawn)	(Caunty) (Stole)
20c. TIME OF INJURY Manth, Doy, Year 20d, INJURY OCCURRED to the state of wark of the state of th	octory, street, office bldg., etc.)	
21 I certify that (I) (this hospital) attended the deceased from.	Oct 1958 to any 18	961, that (I) (we) last
	death accurred of 216M, from the coules and on	
220. SIGNATUKE		22b DATE
descript Blickfield	ATTENDING DIRECTOR PHYS	SISTED
NAME OF AUGUSE COLICK FIELD	6826 legg's Pl Mark	4)30.
23a BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY (OR CREMATORY 23d LOCATION (City Jown, or coun	ly) (Stote)
burial 8/14/61 Glenwood	Cemetery Washington D.	C.
24 FUNERAL DIRECTOR'S SIGNATURE APPRESS 1	C 3T 1 250 REC'D BY REGISTRAR 256, REGISTRAR'S	
The S.H. Hines Company Washington	St. N. Warr ille 1 4 '61 Cullun	S. France

he funeral directar, shauld be filed with within 24 hours after death, Page, 4

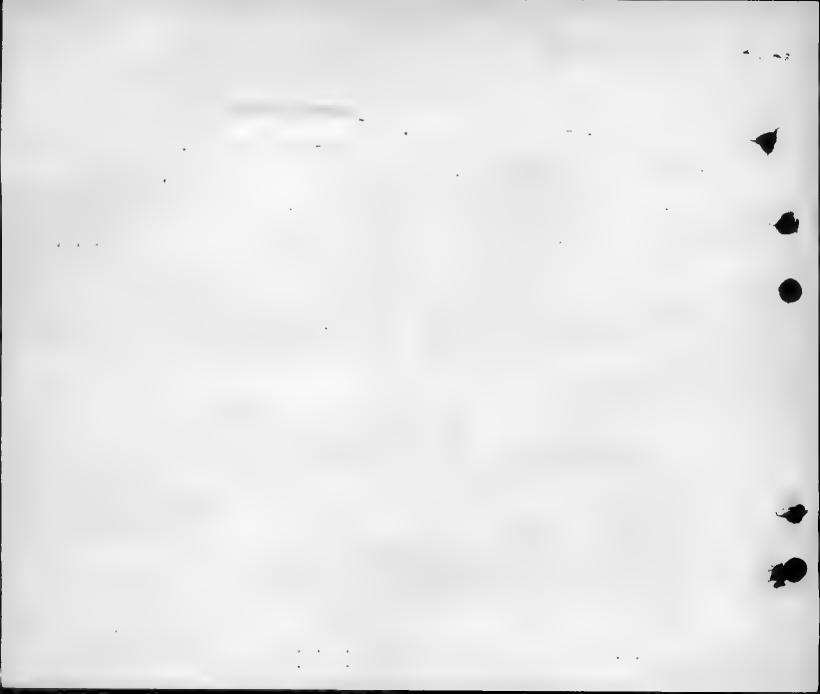
M

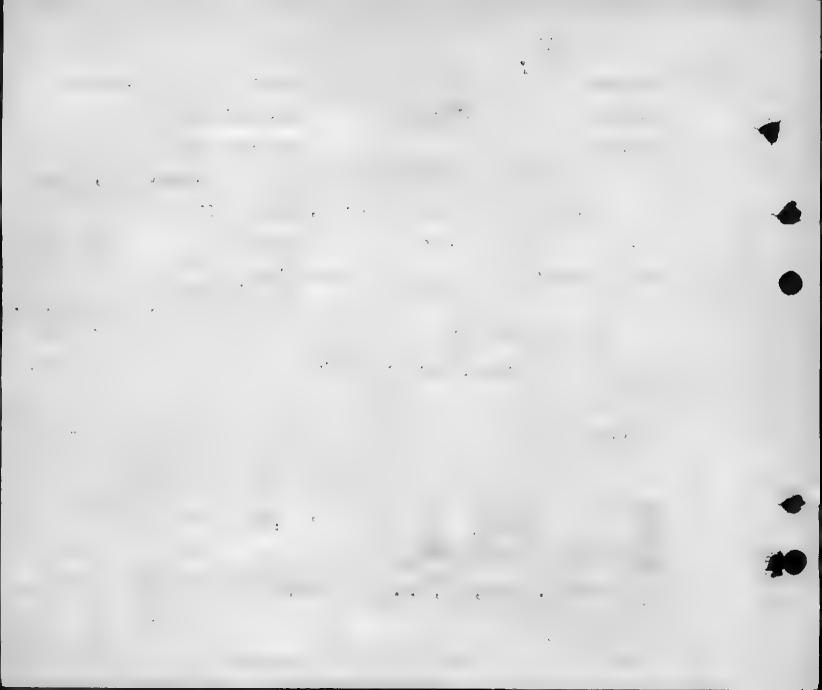
Eay the hasterial ar attending physician. Done by the attending physician and campletely filled take this certificate has been signed by the attending physician and campletely filled to detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to be detached for use as the burial-transit permit. Then please event, with n 72 frants object death.

may be recommented in the hasterfal or attending physician.

TO FUNERAL CRECTOR: After this cert ficate has been signed by the attending physician are page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbathe State Baard of Health priar to burial, cremation, or removal, and in any event, with n 72 PHYSICIAN: The law requires that the death

TO HOSPITAL VR A15 (4) 1SM 9/S9



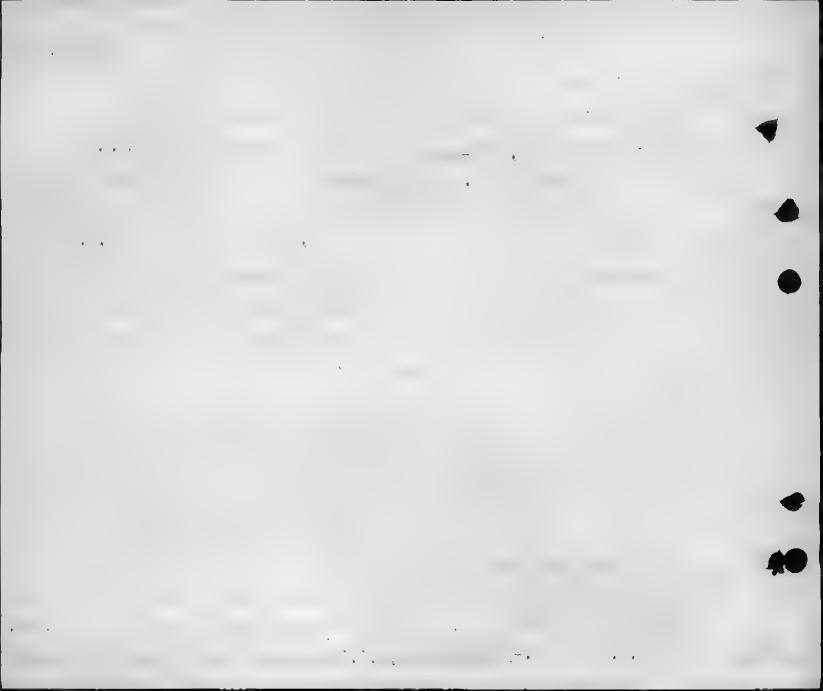


Cilling S. Thomas

funeral carbon physician remove please attending of physician. signed by th as the burial-transit certificate has been death. Page.
CO FUNERAL
director, page
be filed with. 0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

24 hours



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND REC **BALTIMORE 1. MARYLAND** USUAL RESIDENCE (Where decessed lived, If institution: Residence before edm ssion) a COUNTY District of Columbia Montgomery MARYLAND b. CITY OR TOWN (if outs de corporate I mits, ctor. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (t outside corporate limits, write RURAL end give neerest town). write RURAL and give neerest town) Washington Bethesda (Rural) DOAd. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 401 State U. S. Naval Hospital 4701 Connecticut Ave.N.W.Apt YES NO K 3. NAME OF Middie DATE DECEASED Type or print] DEATH Shirley McDermott August Patricia 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BRTH 19. AGE (In years HE UNDER 1 YEAR (F UNDER 24 HRS. 25 Months **Female** Caucasian, WIDOWED DIVORCED [12 March 1936 1, 2, a ge 5 and 372 hc IDe. JSUAL OCCUPATION (Give kind of work) TDb KIND OF BUSINESS OR INDUSTRY, 11. 8 RTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if ratired) USA Washington, D. C. Housewife pages Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Fuller M. J. McDermott form | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes no, or unkown) (Ifyasgivewerordatasofærvica) John Arthur Shirley Same as #2 above 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN along viransit pand in ONSET AND DEATH PART . DEATH WAS CAUSED BY. Subarachnoid hemorphage (Spintaneous) IMMEDIATE CAUSE (a) Office DUE TO 2° to reuptured berry ANEURYSM. Condions, If any, which (b) gave rise to immediate cause DUE TO (a), stating the undarlying cause last. part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(6), 19, was autopsy PERFORMED? Medical NO F plac 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING Chief age 3 cate, writing 20c. TIME OF INJURY | 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, | 2Dr, (City or town) | While | Not While | factory, streat, office bldg , atc.) | (Stele) Month, Day, Yeer While Not While Hour m.m. 計量 at work at work prior 5 년 전 전 전 전 전 전 전 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection Inqu'ry and in my opinion forwarded 1 Natural causes X death resulted from-Accident | | Suicide 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER TO designated ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED RAL. SIGNATURE lease execut.
should be for FUNERAL. DEPUTY MEDICAL EXAMINER 😿 EXAMINER'S Frank J. Brochart, M. D. NAME (Type) Address (Street, city, town, or county) August 22a, BURIAL, CREMATION, 22b DATE THEREOF 226 NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Arlington National Arlington ₽40 p Burial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Wisconsin VS. A15ME DATEAUG 1 0 '61 Chillian & Harris Timothy Hanlon Funeral Home 5M 7/59 Washington.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9387

CERTIFICATE OF DEATH

Reg. Dist. No. (19381)

ΛĖ											
]"	COUNTY	Montgome		HATTIAN	il a st		-	ed, If institution 5 COUNTY			·
4	h. CITY OR TOWN (If outside corporate limit		GTH OF STAY IN	lh c Cl	Y OR TOWN (IF	vland	limite write P		comer.	<u> </u>
	RURAL and give n	eorest town)		0111 01 01111 111					OWNE ONG BIN	c nearest ton	,
\vdash		TAL (If not in hospital, g	ive street address)		d S	REET ADDRESS	er Spri	IIR		a IS RES	SIDENCE
	2309	Seibel Dr	ei wa			2309	Seibe	l Dri	HA.	ON	FARM?
3.	NAME OF	Fir		Middle		Loui	4. DATE	Mon		Doy	Yeor
	(Type or print)	Sadle	Agne		Smith	COLI	OF	ugust			19 61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [B. DATE C	F BIRTH	9. 4	GE (In years	IF UNDER 11		
L	Female	White	WIDOWED T	DIVORCED	- 13P		1890	71 yrs.	Months Do	ays Hours	Min
10	during most of wor	ON (Give kind of work (king life, even if retired)	done 10b KIND O	F BUSINESS OR IN	NOUSTRY 11 I	HRTHPLACE (Stote	or foreign countr	γ)	12. CITIZE	N OF WHAT	COUNTRY
L	Housev		At	Ноше	P	rince (leo. Co	. Md.	Ţ	J.S.A.	
13	FATHER'S NAME				14 MC	THER'S MAIDEN I	NAME				
L	Richa					ose H.	Hutchi	n			
15 0	, WAS DECEASED EVI	R IN U. S ARMED FOR		SECURITY NO	7 INFORMAN	IT		Add	ress		
L	No	None	NO	one I	Carl_L	. Smith	2309	Seibe	el Dr.	8.8	Md.
Г	i .	ATH [Enter only one co	use per ine for to), (b), and (c)]	1					INTERVAL BE	ETWEEN DEATH
L	PART 1. DE/	NTH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1 171	me alu		orh -	Sauce	10		ONSEL AND	٠.
	12	DUE TO	(47)	/ ,	3 (1)	-	_			oh.	
	Conditions, if a		1 7-612	eralne	L a	Juno se	berose	<u>~</u>		124	rs.
	couse (a), stating		L	0-	ti. —	, · · · · · · · · · · · · · · · · · · ·				12	
١,	lying couse lost.) (c		(Ge mul. e	(red)	- 42				103/1	
CATION	PART II. Q1	HER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH	BUT NOT RELA	TED TO THE TERM	IINAL DISEASE CO	INDITION GIV	'EN IN PART 1	PERFC	DRMED?
		AS LINIDSBLYING TO	20h DECCRIRE HO	DW INTURY OCCI	IRRED (Cales a	atura of Jahan In	Post I se Post II s	/ (I 18 t		YES	NO []-
CFETTE	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRIBE NO	DW INJURY OCCU	IKKED (EUIOL II	DIVINE OF INJURY IN	FOR LOT PORTING	r (rum 16.)			
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yes			PLACE OF IN	JURY (Home, form t, office bldg., etc	n. 20f (City or I	own)	(Cou	inty)	(Stole)
AFD C	Hour o.m.	19	While No	work 17	TOCIONY, STIES	i, office diag., etc	/7				
ı	21. L certify, th	nat Lattended the	deceased from	1.200	22 1	1/2 ta_	lugues	-131961	that I las	st saw the	deceases
L	alive and	135	126/	and that de	ath accurr	0.40	M, fram th				
ı			0-0-	201			ABORESS (Street,				ATE SIGNED
ı	ACTUAL	formale	the Ast	aughte	FL M.D.	734	Liste	moth	Like	8-1	13-61
	PHYSICIAN'S NAME (Type)		7	77/		Rick	un Ha	riny ,	mel		
2		ON, 226. DATE THEREO)F 22c. N	IAME OF CEMETER	Y OR CREMAT	ORY	224 LOCATION	l (City, town, c	or county)	(Sto	le)
	Burial	8/15/61	L	Epiphan	v Cer	eterv	Fore	stvill	le Mar	evil and	9
23	. FUNERAL DIRECTOR	S SEGNATURE		DDRESS 21/7	P 1		D IN SEGIS WAR	24b. REGIS	STRAR'S SIGN	ATURE	
	11/1/1/1/1/	Grankell.	Ps. 58	c/ Lect	west 6	DATE		Circ	hur S. Ki	ALLA	

the funeral directar, should be filed with D FUNERAL RECTOR: After this certificate has been signed by the attending physician and Completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. ital ar attending physician. may be retar

PHYSICIAN: The law requires that the death of

led within 14 haurs after death. Page 4

TO HOSPITAL VS A15 (4) 15M 9755



1	Item 18 Film 293 8-18 MARYLAND STATE DEPARTMENT OF HEALTH
17	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	9388 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1938)
MEALTH DEPT:	I. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission as STATE b. COUNTY
lor. People of Health	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give reerest lown) C. LENGTH OF STAY IN 16 C. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
oard o	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS a. IS. RES. DENCE ON A FARM?
funer funer ained State B	I NAME OF UBURBAN First Middle Last 1301 15th, St. N.W. YES NO 2
the red	(Type or print)
nd 34 but by by the seath of th	5. SEX SOLITION OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Inducer 1 year F UNDER 24 Mrs. less birthday) Monités Days Hours M. n.
1,2,1 1,2,1 1,2,10	100. TOTAL OCCUPATION (12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
A hour Peges W3. Pe	13. FARRY STATE BUSINESS U.S.A U.S.A
Orni Pier	15. WAS DECEASED TYER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT UTILITE DYNN Address (Yes, no, or unknown) ((I) yes give war or dales of service)
ed w yith 18 ony e	057-10-928Z 9000 MILL Scend Dr.
in He on a value of the security of the securi	18. PAUSE OF DEATH (Enter only one cause per Mori (e), (b), and (c). Mrs. Paul -Snaver Bethesde Mchierva, Between ONSET AND DEATH
be expected to a second to a s	IMMEDIATE CAUSE (a) Aspiration of Gastric contents Sudden
should s Offin s buri	Conditions, I any, which (b) Intestinal obstruction ?
d as	(a), stating the underlying Carcinoma of rectum ?
certificated per use use marion,	PART I. OTHER S GN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO
the wedica Medica should al, crev	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH.
Willing Writing Chief Chief Sege 3 to buri	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sate) Hour s.m. While Not White factory, street, office bidg., efc.)
Exaster aster of the story of t	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
TATE OF THE PERSON AND THE PERSON AN	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
age age	CHIEF MEDICAL EXAMINER
for It of the Party of the Part	SIGNATURE TAKENA J. JOSCHELL M. D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
PUTY execute uid be for NERAL D designated	EXAMINER'S NAME (Type) Frank 5. Brochart DEPUTY MEDICAL EXAMINER 8-9-6/
DEPUT ease exe should if FUNE!	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (5'ata)
5 g 4 5 g	Burial-transit 8-9-61 Dumiries Cemetery Dumiries, Virginia
VII. MISME	23. FUNERAL DIRECTOR ROBERT A. PUMPHREY Bethesda, Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 1 4 '61 Cullum 2. Krank
5M 7/59	DATE RULL 1 4 0 .



MARYLAND STATE DEPARTMENT OF HEALTH

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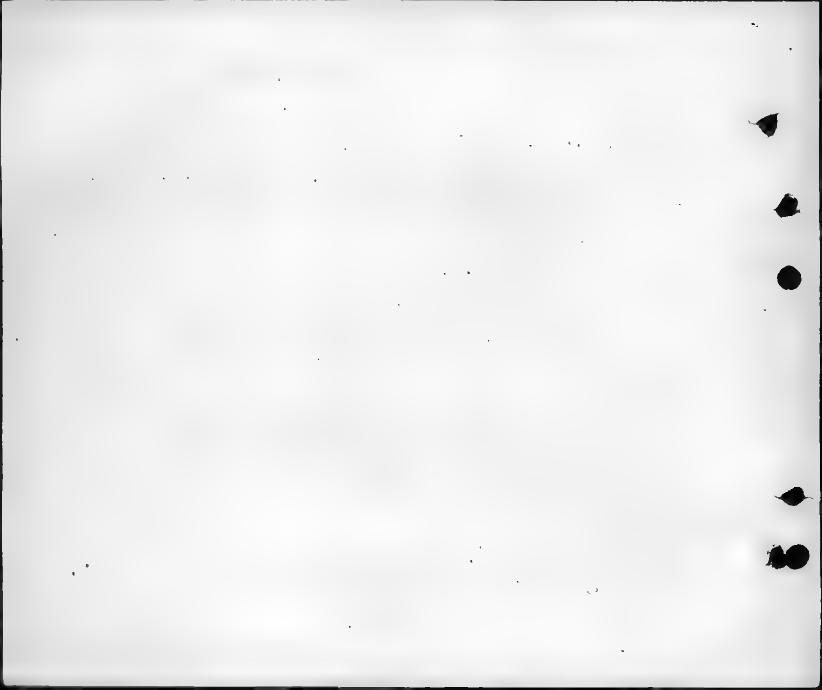
ISM 9/60



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outs de corpo mits, write RURAL and give nearest town) write RURAL and o . IS RESIDENCE ON A FARM? YES 🗀 NO 🕅 3. NAME OF DECEASED (Type or print) AGE (In years IF UNDER 24 LINDER 1 YEAR 7. MARRIED NEVER MARRIED DE WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO TO WASCULAN dISCASE Conditions, if any, which [b) geve rise to immediate cause DUE TO (a), stating the underlying causa last. PART 16. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED NO 20b. DESCRIBE HOW INITRY OCCURED. (Enter neture of in ury is Pert I or Part t of Iam 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING I'I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) , 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While: Not While Hour a.m. at work at work p.m. 21. | certify that (I) (this hospital) attended the deseased from. .M, from the houses and on the date stated above saw the deceased alive on and that death occured a 22e. SIGNATURE ATTENDING SIGNED PHYS M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIALT CREMATION, REMOVAL (Specify) D. g. g 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 [4] 15M 9/60 M. T. m & K.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



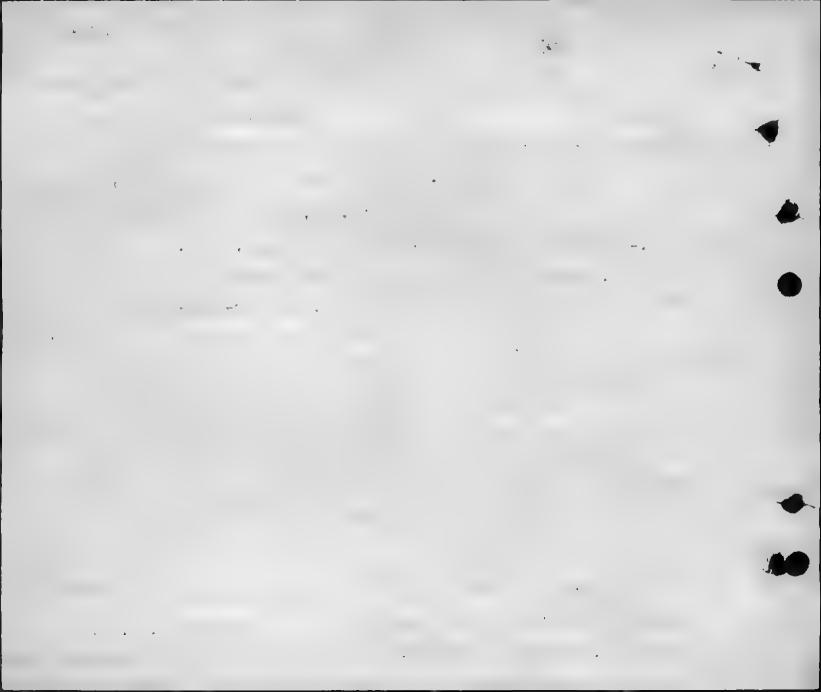
MARYLAND STATE DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAN DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution; Residence before edmission) e. COUNTY e. STATE b. COUNTY Montgomery MARYLAND Montgomery b. CITY OR TOWN (flouts de corporets mits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, while RURAL and give neerest town) write RURAL end give neerest town) Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 5300 Westbard Avenue 5300 Westbard Avenue NAME OF Frsl DATE M'dale Year DECEASED (Type or print) HENRY DEATH 1961 August 5 SFX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. lest brilhdey) Months Deys Male Hours WIDOWED DIVORCED Aug. 70 27 1890 10e LSLAL OCCUPATION (G ve kind of work 105. KIND OF BUSINESS OR NOUSTRY BIRT, PLACE County & Stelle or foreign country) | 12 CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ret.-Wholesaler Gas Station Washington,
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME John N. Sterzer Alma Rupel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) | (Ifyesgive were rdetes of service) NO Elsie W. Sterzer-Wife-same 2d 18. CAUSE OF DEATH [Enter only one couse get ine for (a), (b), and (c) INTERVAL BETWEEN ONSEL AND DEAT PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if env. which gove rise to immediate cause DUE TO (a), stating the underlying cause lest. PARTUL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA SEASE CONDITION GIVEN IS PART 16 19 WAS AUTOPSY PERFORMED concreamentale 200 ACCIDENT WAS UNDER YING 2Db. DESCRIBE HOW NURY OCCURED (Enter neture of injury in Part I or Part II of item 18/ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) (County) Not While fectory, street, office bldg., etc.) While Hour a.m. et work et work D.m 21. I certify that (1) (this hospital) attended the deceased from , and that death occured at M. from the causes and on the date stated above. saw the deceased afive on 22e. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type, LENSCONSIN 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) 236, BURIAL, CREMATION, 236, DATE THEREOF (Stelle) Rock Creek Cemetery Washington, D. C. 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Pumphrev Bethesda, Maryland DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

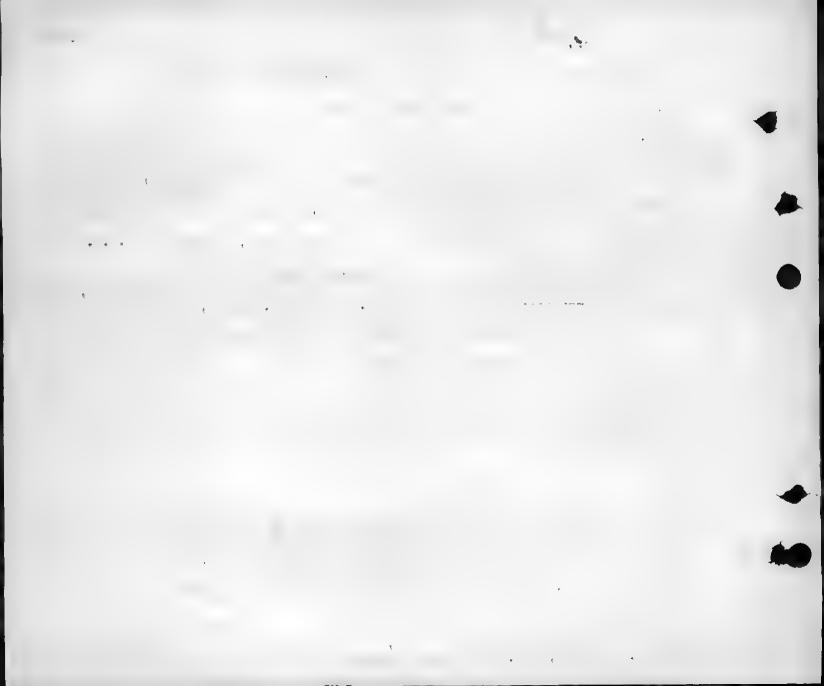
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RYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND 9394 OF DEATH 123/67 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare c. LENGTH OF STAY IN 16 write RURAL and give neerest town) ۾ 24 Bethesda (Rural 174 days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress) d. STREET ADDRESS . IS RES DENCE ON A FARM? YES NO U.S. Naval Hospital .S.Naval Hospital completely Middle DATE DECEASED OF ed (Type or print) Allen 1961 DEATH carbon pa Stissel 20 August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS. pue lest birthdey] Months Hours Male Caucasian WIDOWED DIVORCED event, physician 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Steta, or lore go country) remove 12. CITIZEN OF WHAT COUNTRY? IDe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USA. U. S.Navy W. Virginia Armed Forces 14. MOTHER'S MAIDEN NAME please 50 Sadie Chafin Fred D. Stissel attend IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address. (Yes, no, or unknown) | (Ifyas give war or detes of sarvice) 18236-36-9095 Hospital Records WW II 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c), INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: METASTASES LMONARY signed IMMEDIATE CAUSE (6) DUE TO RHABDOMYO SARCOMÁ LEFT THIGH Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying has cousa lest. PART I. OTHER SIGN F. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? hospital 80 KADIATION PNEUTIONITIS NO eşn prior 20e, ACCIDENT WAS UNDERLYING [| 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port) or Port I, of tem 18.)
OR CONTRIBUTING [| CAUSE OF DEATH | for (IF EITHER, NOTIFY MEDICAL EXAMINER detached t. of Healt à 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED . 2De, PLACE OF INJURY (Home, form, 201. (City or fown) (County) (Stata, fectory, street, office bldg., etc.) Hour a.m. While Not While at work TOR: 21. I certify that 41) (this hospital) attended the deceased from February 27, 19 hold August 20, 1961, that (4) (we) last saw the deceased alive on August 20 1961., and that death occurred all: 45, from the causes and on the date stated above. TREC 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 21 August 1961 PHYS. FUNERAN FUNERAN rector, page 22c PHYSICIAN S 22d. ADDRESS NAME (Type) U. S. Naval Hospital, Bethesda, Md. J. MULLINS, JR. LT MC USN 23s. BUR AL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Steta) REMOVAL (Specify) OBB W. Va. Burial - Shippment 22 Aug 1961 Family Cemetery New Town 24 FUNERAL DIRECTOR'S SIGNATURE OF THE STATE OF THE PROPERTY O 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 9/60 arthur I. Kinsts





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, final tution; Residence before edmission) a. COUNTY b. COUNTY Montgomery *. STATE Maryland Montgomery

b. CITY OR TOWN (if outs'de exporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate imits, write RURAL and give neerest town) write RURAL and give neerest jerny) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address, d. STREET ADDRESS a. 15 RES DENCE ON A FARM? Washington Sau + Hosp. YES NO 7 4. DATE Month DECEASED 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Inst bighday) Months Days Hours Min. White WIDOWED | DIVORCED N 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? form PM3. Pa it. File pages 1 event within 14. MOTHER'S MAIDEN NAME Cora tuales 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] IMMEDIATE CAUSE 10/4CU TECONGESTIVE HEART TAILURE CORONARY SCLEROSISAND OCCLUSION, OLD MONTHS geve rise lo immediata cause **DUE TO** PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18,) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (Steta) While Not While et work at work factory, street, office bldg., etc.) Hour e.m. 21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inspection 🗆 Inquiry and in my opinion Natural causes XI, Accident I, Suicide I death resulted from Undetermined manner Hom'cide CHIEF MEDICAL EXAMINER ACTUAL ... ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE < DEPUTY MEDICAL EXAMINER should | K J. ISHUSCHELL DEPU Address (Streat, city town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF , 226. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or country, Carolina REMOVAL (Specify) Thursjay Church Cemetery Stokes County, Madison North Burial-Transit 8/5/61 23 PUNERAL DRECTOR A. ZISK 24a. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE ADDRESS. VS. ATSME Silver Spring, Md. 5M 9/60



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9397 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, if Institution, Residence before admission) a. COUNTY COUNTY, b. CITY OR TOWN , I butside corporate lan's, MARYLAND nd Montgomery
N (l'outside corporata limits, writa RURA, and give neares town) 22 c. LENGTH OF STAY IN 16 4 a. IS RES DENCE ON A FARM? YES NO NAME OF DECEASED OP DEATH (Type or print) 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months | Days WIDOWED T De. USUAL OCCUPATION (Give kind of work DIVORCED 105, KIND OF BUSINESS OR INDUSTRY 1.12. CITIZEN OF WHAT COUNTRY! dona during most of working life, even il retired) 13. FATHER'S NAME (Yas, no. or unkown) (If yes give war or datas of service) IB. CAUSE OF DEATH [Enter only one cause age na for (a), b) and (c) d INTERVAL BETWEEN OMSET AND DEATH PART I. DEATH WAS CAUSED BY: .MMEDIATE CAUSE (a) DUE TO Conditions, 'f any, which gava rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT RELATED TO THE TERMINAL PISEASE CONDIT ON GIVEN IN PART III WAS AUTOPSY PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING | + 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of in cry in Part I or Part II of Iam IB.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20s. P. ACE OF INJURY (Homa farm. 2DI (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year Not White factory, straat, office bldg., atc.) Whila Hour s.m. at work at work saw the deceased alive on...... 225. DATE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS NAME (Type) 1234 NAME OF CEMEPERY OR CREMATORY 23a. BRIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City, town or county) (Stata) 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JUNERAL DIRECTOR S VR A15 (4) 15M 9/60



in by the funeral s executed within 24 hours after TO HOSPI.

As A BETTE SING PHYSICIAN: The law requires that the sentifice to executed which the death. Path as be retained by the hospital or attending physician.

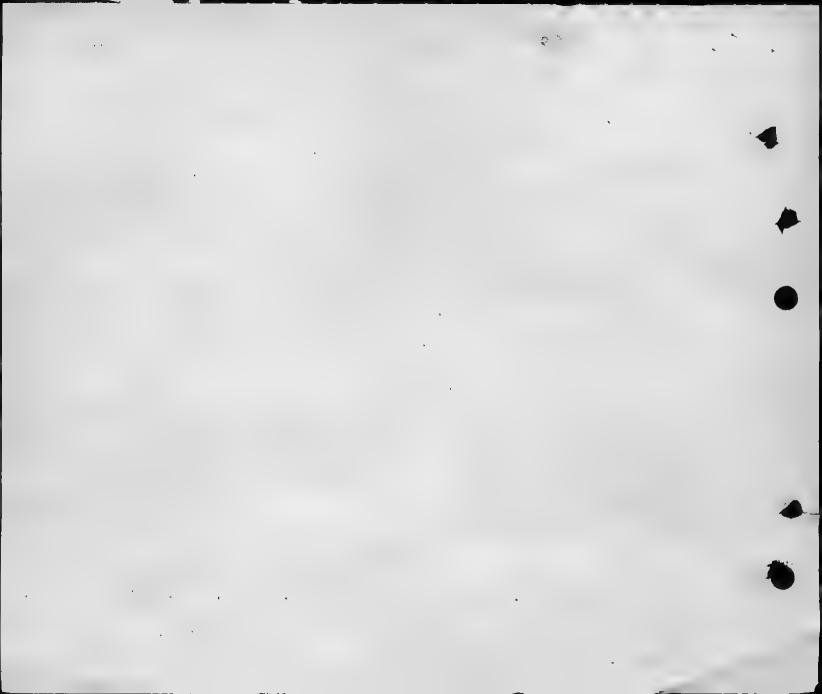
TO FUNEXA INRECTOR: After this certificate has been signed by the attending physician and completely in by the director, page 3 should be detached for use as the bural-transit permit. Then please carbon papers. Path is a find 2 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depart.

VR A15 (4) 15M 9/60

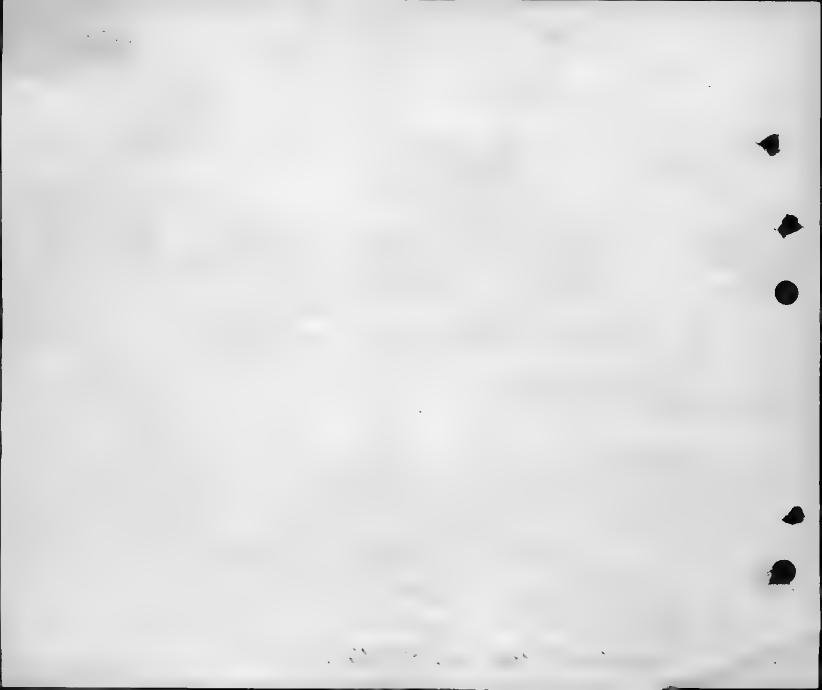
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
3398
CERTIFICATE OF DEATH
()3391

	1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased I vad, if institution: Residence before admission) 3. COUNTY
Ш	Mantana Maryland Baryland 6. COUNTY Moutonwell
4	b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN Ib c. CITY OR TOWN (if outside corporate limits, write RURAL and give mearest fown)
	write RURAL and give nearest town)
	d. NAME OF HOSP TAL OF INSTITUTION (if not in hospital, g va streat address) , d. STREET/ADDRESS (e. 15 RESIDENCE
	MI ON A FARM?
	3. NAME OF First Middle Last 4. DATE Month Day Year
	Type control
	Tibert lai Dax 1 Fraguet 31 1961
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Mrn.
	Male White WIDOWED DIVORCED 1) - 26-19/9 6 240
	106. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired):
	ENGINEER. HEC. Warren PENNER USA.
П	13. FATHER'S NAME SHETICON 14. MOTHER'S MAIDEN NAME
4	Philip Tarbox Grace Phillips.
	15. WAS DECEASED EVER IN U. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((Tyang Yewerordatesofservice)
	No Unknown Hospital records
	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CON CESTIVE HEART
	- DUETO
	Conditions, if any, which > (b) 013570/47/108 +64MONDRY =MIM-150MIT 20 VENOUS
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	(a), stating the underlying DUE TO COLLEPTOTIC SCLEPTOTIC HILADIT) ISTERST 120 YEARS
	ART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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	The ACCIDENT WAS INDEDLYING 11 20h DESCRIPTION INVITED OCCURED February and State of Seat Loc Best Loc
	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20t. (City or town) (County) (State)
	20e, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20t, (City or town) (County) (State) Hour s.m. Whita Not White factory, street, office bidg., atc.) p.m. 19 at work at work
	21. I certify that (1) (this hospital) attended the deceased from T 13 N 19.57 to QEP 1
	saw the deceased alive on AMAUST. 3/196
	222 SIGNATURE ATTENDING: MED STAFF SIGNED AUGUST 31 PHYS. ATTENDING: MED DIRECTOR PHYS. ACCURATE SIGNED
	Tec. PHYS CLANS
	Mame (Type) Gordon S. Rosenberger 310 W. Montg. Ave. Rockville, Md.
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City, town or county) (State)
	Burial 9/2/61 Grandview Cemetery Johnstown Pennsylvania
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
,	Robert A. Pumphrey Bethesda, Maryland DATE SEP 5 '61 Citing A. Thomas



STATISTICAL RESEARCH AND FREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed if institution, Residence before edmission) I. PLACE OF DEATH a. COUNTY Mary / and Mort Town ear - c CITY OR TOWN (If outside corporate I muss, write RURAL and give nearest young MARYLAND b CITY OR TOWN If our de corporete limits, c. LENGTH OF STAY N 16 d. NAME OF HOSPITAL ORANSTITUTION (if not in hospital, give street address; Ullver e. IS RES DENCE d. STREET ADDRESS ON A FARM? YES NO JOSA IN 4. DATE DECEASED OF (Type or print) DEATH 10 and co 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED 48. DATE OF BIRTH last birthday) Days Months 10 WIDOWED DIVORCED [USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? pleas pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unkown) (Ifyesgrywarordatesofsarvica) ib. CAUSE OF DEATH | Inlar only one cause per line for a) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMED ATÉ CAUSE (a) DUE TO Conditions, if any, which gava risa to Immadiata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIE. 19. WAS AUTOPSY PERFORMED? Longestine tactions with 1 200. ACCIDENT WAS UNDERLYING 1 , 20b. DESCRIBE HOW INJURY OF CURED, (Enter natura of noury in Part I or Part II of Idam 18.) USe 둽 OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While While Hour s.m. 21. I certify that (I) (this hospital) strended the deceased from . //Lanc saw the deceased alive on, . 22a SIGNATURE SIGNED ATTENDING STAFF 4 PHYS DIRECTOR PHYS. M.D. 22d ADDRESS 22c. PHYSICIAN'S death. Par.
TO FUNER
director
be fi NAME (Type) AOCATION (City, town or county) 23s. BURIAL, CREMATION, 23b. LEMETERY 258 REC'D BY REGISTRAR , 256 REGISTRAR S SIGNATURE '61 15M 9/60



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	RURAL ond give i			42 days 1	hr.	OK R	ockville					
l	d. NAME OF HOSP TAL (If not in hospital give street address)		d STREET A					e IS R	ESIDENCE A FARM?			
7	ORINSTITUTION Suburban Hospital		S	pringrid	lge Rd				No.			
	3 NAME OF DECEASED	Fi		Middle	ŝ	Losi			Man	th	Day	Year
	(Type or print)	Frank	k			Taylo.	r	F EATH	Augu	st 20		1961
	S SEX	6. COLOR OR RACE	7. MARR	IED 🔀 NEVER MARRI	IED 🔲	8. DATE OF BIRTH	1	9. AC	GE (In years of birthday)	Months Di		
	Male	White	WIDOWE			3/8/0		6	O yrs	MIGRIPS DE	pys Hour	\$ MIII
	10a USUAL OCCUPAT	ION (G ve kind of work rking life, even if retired	done 10b	KIND OF BUSINESS	OR INDU	STRY 11 BIRTHPL	ACE (State or for	eign country)			I COUNTRY?
1	Builder		<u> </u>	Building		Wa	sh., D.	C.		U	.S.	
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN NAME					
-		Taylor					on Lille	У				
	15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO) 17 IN	IFORMANT			Add	ress		
	no		57	8-18-1759	G1:	adys Tay	lor, wif	`e				
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	gove rise to immediate (b) along concerned of Afficial and Smonth											
	couse (a), stating	the under- DUE TO)			\mathcal{O}				/		
	lying couse lost. (c)											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?											
	20- 460005517 14	/ac likineniyikio 🖺	ank pece	TOLOG LICOUT BATTLEY	2001000	75.1	(Dank 11 mf	24 101		YES	NO
	O (IF EITHER, NOTIF	/AS UNDERLYING GC CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY O	JCCUKKE) (thier noture o	r injury in Pori i	or Fort II Of	Hem 10.;			
		IRY Month, Day, Ye				ACE OF INJURY (I		(City or to	own)	(Co	unty)	(State)
	Hour o.m.	19	While of work	Not while		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	diagn dian					
	21 I certify th	at () (this haspita	l) attend	ed the deceased	fram	1958	., 19 _	to da	aug	196	, that (I'	(we) last
		sed divison 20				leath accurred				d an the d	date state	ed abave.
	220 SIGNATURE	/ Waln.	00%.	1/1/25)							225. DATE SIGNED
		JIVIUV Y	ucc	May /		M.D. PHYS	MED D RECTO	OR 🔲 PH	AFF		8/2	0/61
	22c PHISCIANS	liam S. Mur	ohx			615 V	ss . Mont.	Ave.	Rocks	ille.	Md.	
		ON, 236 DATE THERES		23c NAME OF CEN	AFTERY O				(C by, town			lofe)
	REMOVAL (Specifical)	8/22/67		Potomac	_	-			c, Lar		131	
1	24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	- RAUGIL		25a. REC'D BY			STRAR'S SIGN	IATURE	
	Robert A	. Pumphrey,	Beth	esda, ^{la} ary	land		DATEAUG 2	4 '61	and	hur L. M	ease.	
التعد		/										

TO HOSPITAL ATTEND A PHYSICIAN: The law requires that the Beath cate be extended within 24 hours after death. Page 4 may be ret. by the hispital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic on and campletery filled if the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within Theorems after death.

Q E Q Q VR A15 (4) 15M 9/59



Bethesda.

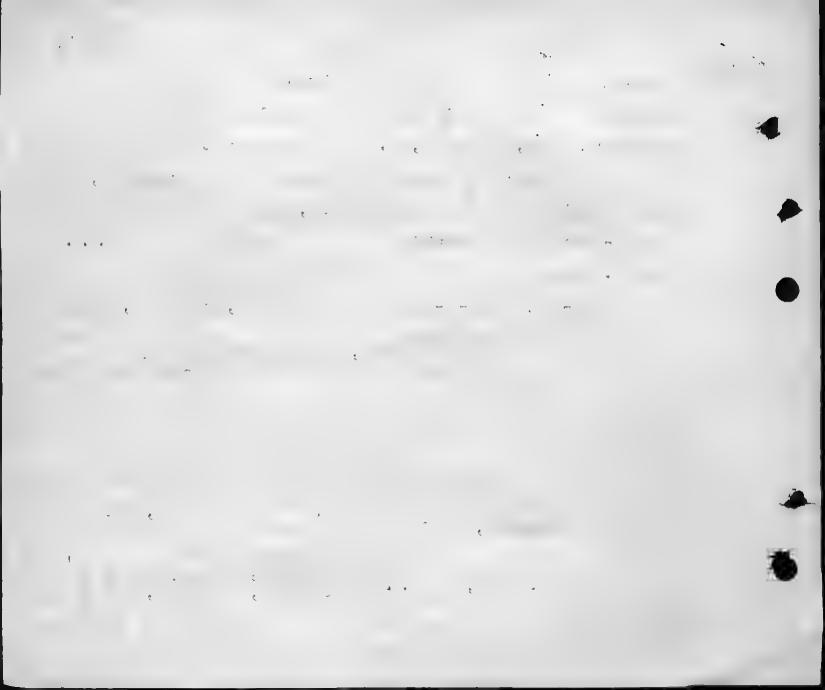
Maryland

PATE AUG 1 0 '61

arthur S. House

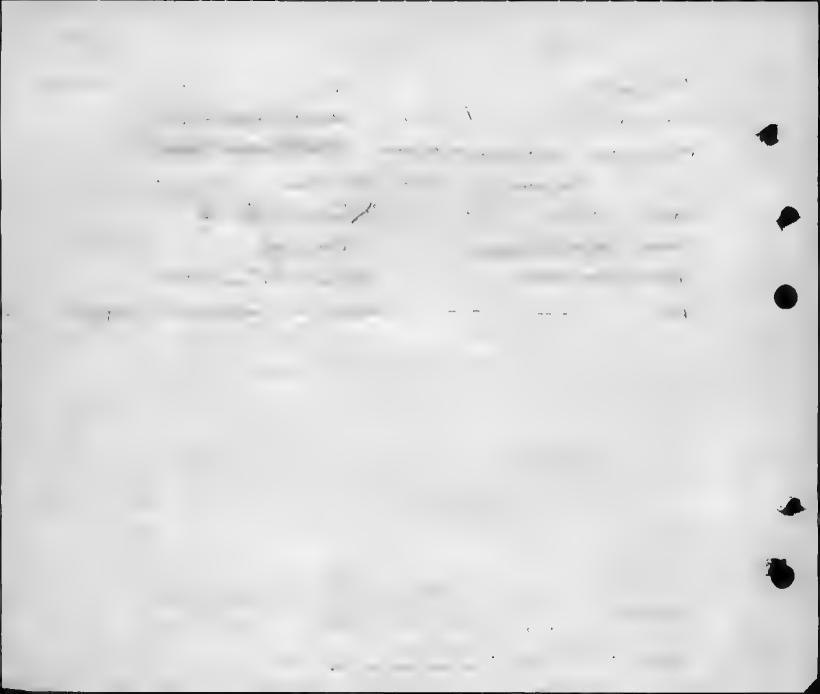
physician attending | Then please 9 director, i VR A15 (4) 15M 9/60

Robert A. Pumphrey



c. CITY OR JOWN (If outs de corparele limits, write RURAL and give neerest town) Laguna Road YES NO August AGE (III years) II IF UNDER 1 YEAR | IF UNDER 24 HRS Days 12. CITIZEN OF WHAT COUNTRY? TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X (Steta) (County) SIGNED 23d. LOCATION (City, town or county) (Stete) Prince Georges Maryland 25e, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Varner E. Pumphrey, Inc. 8434 Georgia Avenue Wither S. Kruns DATE Silver Spring, -Md. -

VR A15 (4)



TO HOSPITA may be re TO FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	T. PLACE OF DEATH O. COUNTY Montgomery MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland b COUNTY Howard						
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Olney 3 days	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
o. DEN	Montgomery General Hospital	Carrs Mill Road YES □ NO 📉						
	NAME OF DECEASED (Type or print) New York Pirst Middle Deceased Carl	Viers 4. DATE Month Day Year Viers DEATH August 27 1961						
	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min						
	Male White WIDOWED DIVORCED	10/30/60 tost Dirthdoy Months Doys Hours Min						
	10g USUA. OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! V/RGIN/A United State						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
\setminus	Tivis C. Viers	Agnes Rasnick						
Л	[Yes, no, or unknown] (If yes, give war or dates of service)	NFORMANT Address						
	No Hospital Record							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, If ony, which gove rise to immediate couse (a), stoting the under: [ying cause tost] [c] [ving cause tost]	teart failer o put. edem onset and DEATH 24 hours 8 days						
	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)							
		D. (Enter noture of injury in Port I or Port II of item 18.)						
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for hour o.m. 19 While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)						
	21 I certify that (I) (this haspital) attended the deceased fram \$\frac{2}{2}\frac{1}{2}							
	Some adors w	M.D ATTENDING MED STAFF SIGNED STAFF						
	22c. PHYSICIAN'S NAME (Type) G. F. Meadors, M.D.	Damascus, Maryland						
	23g. BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or county) (Stote) Prather Virginia						
	24 FUNDERAL DIRECTOR'S SIGNATURE ADDRESS Laytonsville, Mc	250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						



18

24 haurs

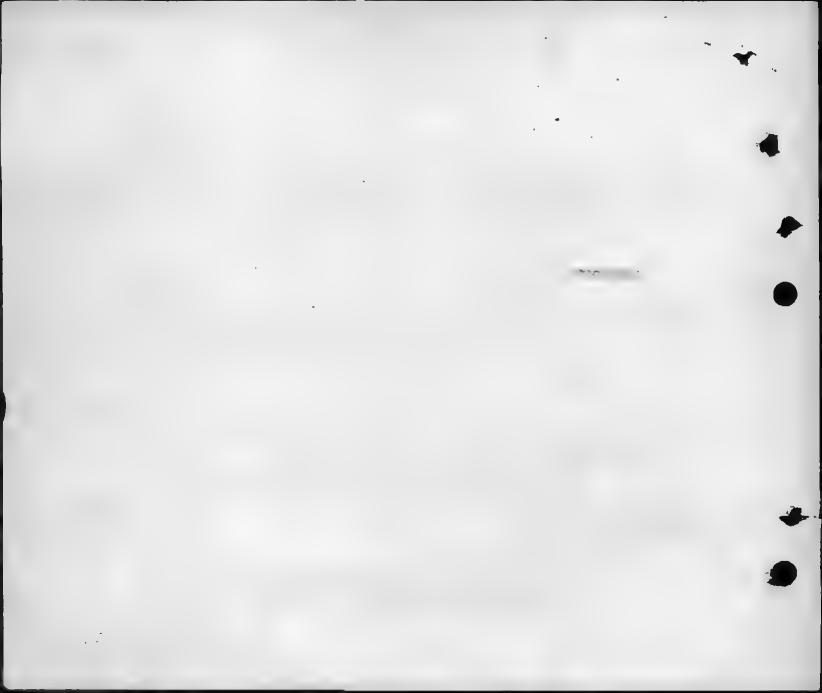
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Marian .	9405	CERTIFICA	TE OF DEATH		09392	
	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WH	here deceased lived. If instituti		on)
	Montgomery	MARYLAND	Maryl	and b. COUNTY	Montgome	ry
	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF a	outside corporate limits, write R	RURAL and give nearest town)	
	Bethesda		Bethes	sda		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e, IS RESII ON A	DENCE FARM?
L	5202 Worthingt	on Drive	5202 W	Vorthington_	Drive YES [
3	NAME OF First DECEASED	Middle	Last	4 DATE Mon	oth Day Y	eor
	(Type or print) Arthur	J	Wadsworth	DEATH AUGUS	t 21 1	9 61
5	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (in years lost birthday)	IF UNDER 1 YEAR IF UNDER	
	Male White WIDOW	VED DIVORCED	4/8/67	94 yn.	Months Days Hours	Min
100	USUAL OCCUPATION (Give kind of work dane 10b during most of working (fe, even if retired)	KIND OF BUSINESS PRIND	STRY 11 BIRTHPLACE (State	or foreign country)	12.CITIZEN OF WHAT CO	DUNTRY?
		v't Printing			USA	
13	FATHER'S NAME		14 MOTHER'S MAIDEN N	NAME		
	Alvin Wadsworth		(Unknow	m) Sherm	an	
			INFORMANT	Add	lress	
1.0	1,000	None Ro	bert L. Wad	isworth-son-	same 2d	
	18 CAUSE OF DEATH [Enter only one couse per I	ine for (0), (b), and (c)]			INTERVAL BET ONSET AND	WEEN
	PART I. DEATH WAS CAUSED BY	Servery Ture	Limbers 7 h	Assessment to the second secon	The second secon	
	I UMMEDIATE CATINETOL SECTION	KOMBIKI INKI	MB0213 0 1	TAPCHEDINE	1 6	3 7 4 5
	IMMEDIATE CAUSE (6) CO	BOMNEY I HE	W20212 31	MYACARDIAL INFAR		5 7 72
	420.1 DUE TO	·		INFAR		NRC NRC
	Conditions, if ony, which gave rise to immediate	TERIASCLER				NAS
	Conditions, if ony, which agree rise to immediate (b) AS	·		INFAR		NRS
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the under-	7821056189	cosis Gene	INFAR PRHLIZED	VFN IN PART 1(0) 19 WAS A	JTOPSY
CATION	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse last.	7821056189	cosis Gene	INFAR PRHLIZED	40175	UTOPSY RMED?
ITE CATION	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse last. PART II OTHER SIGNIFICANT CONDITIONS	7821056189	TNOT RELATED TO THE TERM	INFAR	VEN IN PART I(0) 19 WAS A PERFOR	UTOPSY RMED?
CERTIF CATION	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse last. PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BL	TNOT RELATED TO THE TERM	INFAR	VEN IN PART I(0) 19 WAS A PERFOR	UTOPSY RMED?
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CAL CERTIF	Conditions, if ony, which gave rise to immediate cause (a), stating the under: DUE TO	CONTRIBUTING TO DEATH BUSCRIBE HOW INJURY OCCURRED 200.	T NOT RELATED TO THE TERM	INFAR INAL DISEASE CONDIT ON G V Part I or Part II of Item 18) 1, [20f (Cily or Iown)	VEN IN PART I(0) 19 WAS A PERFOR	JTOPSY RMED? NO.K.
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NEWELL Funeral

. IS RESIDENCE ON A FARM?

YES NO

61

Year

19

INTERVAL BETWEEN ONSET AND DEATH

2点 Months

Years

PERFORMED? NO X

(State)

22b. DATE

8-26-6I

IF UNDER 24 HRS

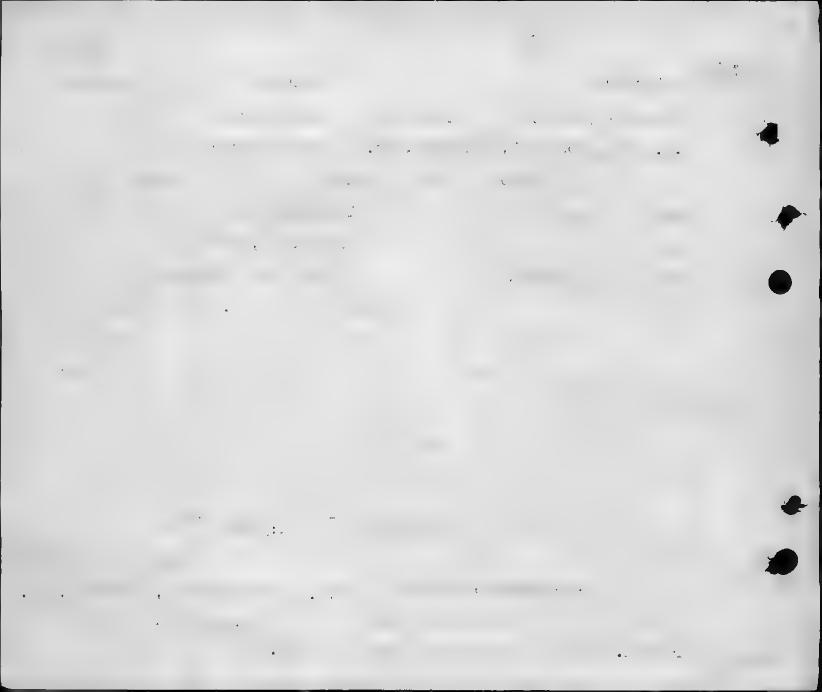
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USA

aftending

100

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International Company Inte	
1. PLACE OF DEATH 6. COUNTY MONTGOMERY MARYLAND b. CITY OF TOWN if outlide corporate mis 1. CENGIN OF STAT IN 16 1. COUNTY 1. CENGIN OF STAT IN 16 1. COUNTY 1. CENGIN OF STAT IN 16 1. CENTRAL OR INSTITUTION (if not in hospital, give street eddress) MARKE OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Montgomery General Hospital 1. Last	YLAND
S. COUNTY CONTY COUNTY C. LENGTH OF STAY IN 16	09400 =
b. CITY OR TOWN, if outside corporate I mile write RURAL and give nested town of property of the RURAL and give nested town of the Name of Hospital of Name of Nam	. /
Content Cont	
S. MAME OF DECERSED (Type or print) George Henry Walter DEATH August S. SEX G. COIDS OR RACE 7 MARRIED NEVER MARRIED B. DATO F BRTH S.	. IS RESIDENCE
DECENSED (Type or print) GEOTIE Henry Walter DEATH AUGUST PAGE (In yeers FUNDER IY MARRIED S. DATE OF BRTH 9. AGE (In yeers FUNDER IY Months D 100. USJAL OCCUPATION (Give kind of work done during most of working life, even if retilired) 113. FATHER'S NAME GEOTIE Walter GEOTIE Walter 15. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS 18. CRUSE OF DEATH [Enter only one cause per line for .e.], (b) end (c).] PART I. DEATH WAS CAUSED BY. Conditions, if eny, which page rise to limediate cause (e), staling the underlying customer is to limediate cause (e), staling the underlying customer in the cause of the property of the conditions of the page rise to limediate cause (e), staling the underlying Contributing Canada and the page of the page of the page of the conditions of the page of the pag	YES NO
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The Court of the state of work and of work and of work and of work and of working life, worn it relired) 13. FATHER'S NAME GEOTIC Walter GEOTIC Walter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT 16. CATOLING 17. INFORMANT HOSPITAL Records HOSPITAL Records HOSPITAL Records HOSPITAL Records BE CAUSE OF DEATH [Enter only one ceuse per line for et]. [b) end (c).] PART I. DEATH WAS CAUSED BY. [MMEDIATE CAUSE (c)] Conditions, if eny, which gave rise to immediate cause [c), testing the underlying ceuse lest. DUE TO Conditions, if eny, which gave rise to immediate cause [c), testing the underlying cause lest. DUE TO CONTRIBUTING (c) CAUSE OF DEATH [IF THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. OTHER S GNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH [IF ETHER, NOTIFY MEDICAL EXAMINER] 20. ACCIDENT WAS UNDERLY NG CONTRIBUTING CAUSE OF DEATH [IF ETHER, NOTIFY MEDICAL EXAMINER] 20. TIME OF INJUSY Month, Dey, Year while et work et work of elevery, street, office bidg., etc.] 21. Certify that [I] (this hospital) attended the doceased from AUE of INJUSY (Home, ferm, feelory, street, office bidg., etc.] 22. SIGNATURE AUE OF DEATH CONDITIONS attended the doceased from AUE of INJUSY (Home, ferm, feelory, street, office bidg., etc.) AUE OF CONTRIBUTION CONDITIONS CONTRIBUTION AUE of While et work of the causes and on the staw the doceased alive on AUE of work of the causes and on the Part of Part of Part of Parts. AUE of Parts. AUE OF CONTRIBUTION CONDITIONS CONTRIBUTION OF Parts. AUE of Parts. AUE OF CAPTER OF THE PART OF THE PART OF Parts of Parts. AUE of Parts. AUE OF CAPTER OF THE PART OF THE PART OF THE PART OF PART O	
Maryland	N OF WHAT COUNTRY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (liyes give were or deless of service) [16. SOCIAL SECURITY NO. 17. INFORMANT Address HOSPITAL RECORDS HOSPITAL RECORDS HOSPITAL RECORDS BE CAUSE OF DEATH [Enter only one cause per line for nel.] [b] Acute pyelonephritis DUE TO Conditions, if eny, which [b] Nodular hyperplasia of prostate gave rise to immediate cause [e], stelling the underlying occuse lest. FART I. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OR CONTRIBUTING CAUSE OF DEATH [IF ETHER, NOTIFY MEDICAL EXAMINER] 20c. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH [IF ETHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Dey, Year While et work et work feetory, street, office bidg., etc.] 21. I certify that (I) (this hospital) attended the doceased from AUG. 19 19. 61 to Aug., 29. 19. 19. 52 to Aug., 19. 62 to Aug., 29. 19. 63 to Aug., 29. 19. 64 to Aug., 29. 19. 65 to Aug., 29. 19. 65 to Aug., 19. 65 to Aug., 19. 65 to Aug., 29. 19. 65 to Aug., 19	J,S
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Conditions, if eny, which gave rise to immediate cause (e), stelling the underlying occurse lest. Columbtal Control Conditions Control Co	
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21. I certify that (I) (this hospital) attended the doceased from AUE. 19	e
saw the deceased alive on AUK 28 1961, and that death occurred at 57M, from the causes and on the causes are caused at the causes and on the causes and on the causes are caused at the causes and on the causes are caused at the cause are caused at the causes are caused at the cause at the cause at the caused at the cause at the cause at the caused at the	r) (State)
220 SIGNATURE ATTENDING MED. STAFF PHYS. D D RECTOR PHYS. AU	
MD. PHYS. D RECTOR PHYS. AU	22b. DATE SIGNEE
22c. PHYSICIAN S 22d ADDRESS	. <u>29, 196</u>
NAME (Type) Charles S. Whitaker, M. D. Clarksville, Maryland	
236. BURIAL, CREMATION, 236. DAYE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town or couply)	al (Stoto)
24 FUNCRAL DIRECTOR'S SIGNATURE ADDRESS 25B. REC'D BY REGISTRAR 25B REGISTRAR'S SI CFP 6 '61 Onling 8.	
De With Danaldson, daviel Mid DATE SEP 6 '61 Orthun S.	

TO DEPUT

VS. A 5/4 °

W. PRESTON STREET, BALTIMORE 1, MARYLAND L EXAMINER'S CERTIFICATE OF DEATH TH DEPT. LACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edin'ssion) b. county fontg. e. COUNTY Soard of Health, a. STATE Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Silver Spring DOA B ethesda d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 701 Ritchie Ave. Suburban Hospital YES NO 🔀 refa.nec NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH August 19 61 2, and 3 to t 5 may be a 2 will the hours affer 6. COLOR OR MACE 7. MARRIED A NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX DATE OF BIRTH last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 1t, BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Wash. S laintenance man PM3. Pa Maryland J3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File Beatrice C. Weaver with form P permit, File Whitney Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknown) I (If yes give war or dates of service) Whitney Walter 701 Ritchie Ave, Sil Springer 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),) e along I-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) r's Office s s a saill-h **DUE TO** Conditions, il any, which (b) gave rise to immediate cause **DUE TO** or 7 (e), stelling the underlying used jon, o PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Medical Exsume be tal., gremative YES X NO 🕡 20b. DESCRIBE HOW INJURY OCCURED, (Enler neture of injury in Part I or Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Overcome by gas in manhole and fell in water te, writing the Chief A the Chief A R: Mag≡ 3 still ior to buria 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Bethesda fonta. strect 19 O.L at work K et work 21 I certify that I took charge of the remains described above, held an Autopsy |]. Inspection Inquiry and in my opinion 0 Undetermined manner death resulted from: Natural causes Accident Suicide Homicide | CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER EXAMINER'S Frank & Broschart NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) [Stete] 22a. BURIAL CREMATION. RENOVAL (Spicify) 40 g 15ME

MARYLAND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm ssion) COUNTY b. COUNT Taromeru largrand MARYLAND b. CITY OR TOWN Outside comporete E LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate lim ts, write RURAL and give reserved town) "Write RURAL end give nearest low Lakoma Park eal 00 in hospitel, a ve street address) e. 'S RESIDENCE ON A FARM? retained ne State 20 YES NO P 4. DATE Month DECEASED OF the (Type or print) DEATH 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR! IF UNDER 24 HRS lest birthday) Months age 5 m and 2 72 hour WIDOWED DIVORCED 10a. USJAL OCCUPATION (G.v. kind of work one during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? .Academy of Science O(1) pages Item 18 Give with Yorm PM3. 13. FATHER'S TRAME 14. MOTHER'S MAIDEN NAME arke permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) ((figesgivewerordelesofservice) ward CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ROSIS AND INSUFFICIENCY Conditions, if any, which geva rise to immediata causa DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3 NO should ! 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part 1 or Part 11 of Itam 18.) Medi PRIMARY | or CONTRIBUTING CAUSE OF DEATH. cate, writing Chief Month, Dey, Year 20d. INJURY OCCURRED; 20e. PLACE OF INJURY (Home, form, 1 20f., (City or lown)) 20c. TIME OF INJURY (County) (51e!e) factory, street, office bldg., etc.) While Not While Hour a.m. to the at work at work prior CION: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection and in my opinion should be forwarded to FUNERAL DIRECTOR its designated agent, p Natural causes Suicide [Undetermined manner death resulted from: Accident Homicide 1 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPU. NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) <u>7</u>40 Fort Lincoln Cemetery Prince Coorea & County

248. REC'D BY REGISTRAR | 246 REGISTRAR S SIGNATURE Aug. 30, 1961 23. FUNERAL DIRECTOR SPRING, MD. VS. A15ME AUG 3 0 '61 5M 7/59 DATE a-Thon of throws

ID STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. DICAL EXAMINER'S FOR STATE 2. USUAL RESIDENCE (Where decressed I ved, If institutions Residence before editission) 1. PLACE OF DEATH . COUNTY . e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate) mits LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate rimits, write RuRAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF DATE Month Yeer DECEASED aren Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In yours | IF UNDER I YEAR IF UNDER 24 HRS. last birthday, Months WIDOWED [DIVORCED 10a USUAL OCCUPATION (Give kind of work 105 KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Pag it File WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17. INFORMANT permit (Yespipo jor unkown), j (lilyesgive were relates of service) 18.4 CAUSE OF DEATH linter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Quelities ! IMMEDIATE CAUSE (a) DUE TO burial Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying used ion, o PART IL OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO K 206 DESCR BE HOW INJURY OCCURED, (Enter neture of in ury in Port I or Part II of item 18.) 70 200. EXTERNAL CAUSE YAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief age 3 to buril 20c. TIME OF INJURY Month Day Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 201 (City or fown, (Stata) factory street, office bldg., etc.) While Not While 00 el work el work OR: P 21 I certify that I took charge of the remains described above, held an Autopsy] Inspection Inquiry X and in my opinion be forwarded to agent, Suicide Homicide Undetermined manner death resulted from. Natural causes 📈 Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE slease execuit I should be i FUNERAL x its designa EXAMINER'S DEPU NAME Type Address Street, city town or county! 224, BURIAL, CREMATION, 225 DATE THEREOF 22d. LOCATION City, town or getunity (State) 240 g 24b. REGISTRAR'S SIGNATURE VS A15ME arthur S. Kings

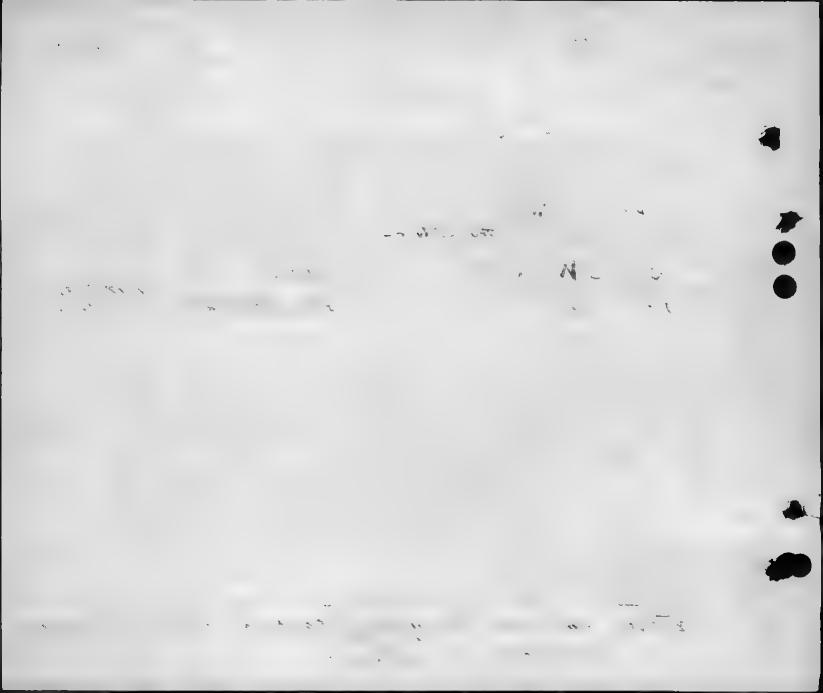


APPLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9411 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Lyad, If Institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (if autside corporate fimits. # JENGTH OF STAY N 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give neeres town. write RURAL and give negrest town) Clarksburg day Olnev d. STREET ADDRESS . IS RES.DENCE d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give green address. ON A FARM? YES NO TO Montgomery General Hospital Kings**l**y Road 3. NAME OF DATE Year DECEASED OF (Type or print) DEATH Richard Albert. August 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. lest birthday) Months Male W DOWED TO Aug. 12. White DIVORCED QK. 10s USUAL OCCUPATION (Give kind of work 1 106, KIND OF BUSINESS OR INDUSTRY II B RTHP, ACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsylvania Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ľ⊊. B Mandy Watkins Clyde . Watkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address. (Yas, no, or unkown) (Ifyesgive werordelesofservice) Hospital Records 18. CAUSE OF DEATH [Enter only one cause por line for fa . (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Atteriosclustic cardiovaccular desense DNSETLAND PEATH 10 Bronchopneumnia, bilateral gave rise to immediate cause. DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART 1(6), 19. WAS AUTOPSY NO -200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW NUTRY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, ferm, 20f (City or town) (County) (Stele) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., atc.) While ___Not While Hour a.m. at work at work to HUGUST 31, 19(0), that (1) (we) last 21. I certify that (.) (this hospital) attended the deceased from 7/00. ... 194 21 ... 19. 6 ..., and that death occurred at 9.35%, from the causes and on the date stated above. 22aL SIGNATURE ATTENDING. PHYS. M.D. BULL O death. Page.
O FUNERAL
director, page
be filed with 22d ADDRESS PHYS CIAN'S NAME (Type) James P. Kerr, M. D. Damascus, Maryland 23a, BURIAL, CREMATION, 23b, DATE THEREOF 1 23d. LOCATION (City, town or county) 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Purdum, Maryland Mt. View Burial ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Law tonsville, Md. 15M 9/60 Collans & Hearth



BALTIMORE 1, MARYLAND 9419 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, if institution Residence before edm ssign) COUNTY ontgomeru MARYLAND olumbia b. CITY OR TOWN of outside corporate/limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corpetate limits, write RURAL and give nearest town) akoma ar d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, give street eddress) IS RESIDENCE ON A FARM? YES NO I 3. NAME OF DECEASED OF (Type or print) DEATH 5. SEX 16. COLOR OR RACE! B. DATE OF BIRTH 9. AGE (In years (IF UNDER) YEAR : IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Page 5 may as 1 and 2 with in 72 hours a dest birthdey) | Months Devs WIDOWED [DIVORCED 1De LSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ret red) Truck Diver -Dalvation Home WOOTKE pages PM3. 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME GIVe 6 form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, owunkown) i (rivesgive wer or detes of service) any NOME 18. CAUSE OF DEATH (Enter only one cause per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Quelle IMMEDIATE CAUSE (6) DUE TO burial Conditions, Il any, which gave risa to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101, 19. WAS AUTOPSY PERFORMED? NO V 70 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of in any in Part Lor Pert II of itam 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, farm, , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) the Ch Not While fectory, street, office bldg., etc.) Whila al work al work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry X and in my opinion Natural causes V Accident death resulted from: Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER [should be forward FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE NAME (Typa) Address (Street, city, town, or county) 22g. NAME OF CEMETERY OF CREMATOR 22d. LOCATION (City, town, or country) Suitland, ò 40 4 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE ADDRESS VS. A15ME 5M 7/59 DATEIG O.S.

ND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

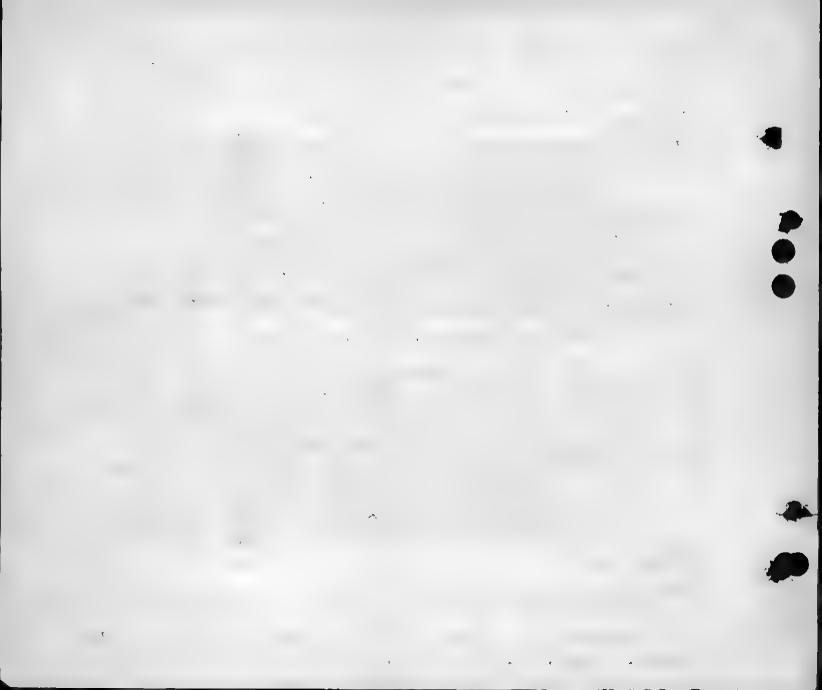
within 24 haurs after death. Page



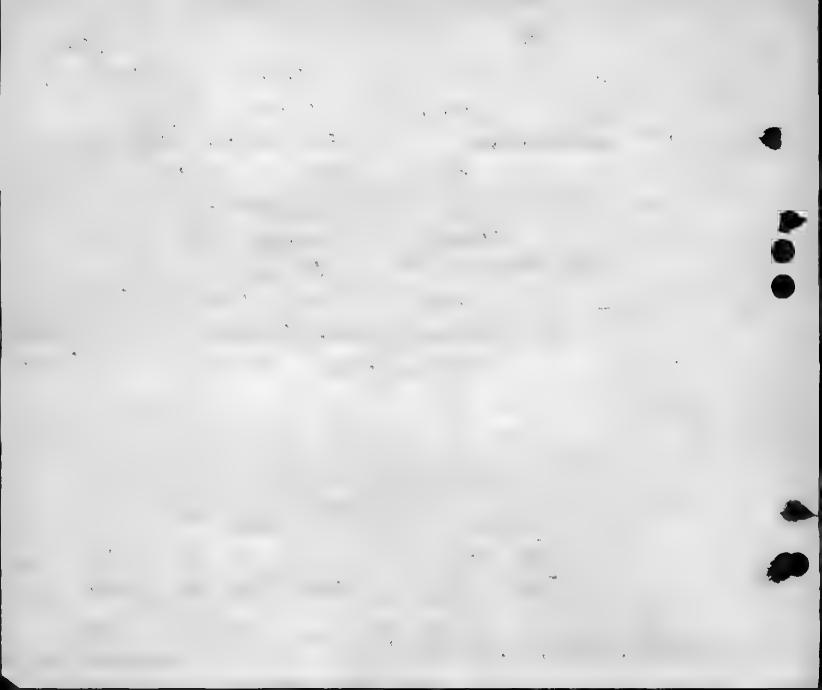
MEDICAL EXAMINER'S HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) 1. PLACE OF DEATH COUNTY b. COUNTY Maryland Montgornelky c. CITY OR TOWN (If outside corporate simils, write RURAL and give neergh town) b. CITY OR TOWN (foulside copporate limits, write RURAL and give neerest town) MARYLAND & LENGTH OF STAY N 16 S, luck STREET ADDRESS Silver Siring Name of Hospital of Institution (final in hospital of vesticel eddress) e, IS RESIDENCE ON A FARM? Southampton YES NO NAME OF 4. DATE DECEASED the (Type or print) DEATH August 27 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE in years IF UNDER 1 YEAR IF UNDER 24 HRS. with age 5 may 1 1 and 2 with 72 house lest birthdey) WIDOWED DIVORCED [male 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUS NESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Painter 14. MOTHER'S MAIDEN NAME VIRSIMIA pages 13 FATHER S NAME Samuel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) | (Ifyesgive werordetesofservice) along with transit permit 18. CAUSE OF DEATH [Enter only one cause per line (or (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Quelel IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause DUE TO (e), stating the underlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN N PART 1 6) 19. WAS AUTOPSY PERFORMED? 28 certificate, writing the word NO K Medical AZDD. DESCRIBE HOW INJURY OCCURED, [Effor notice of injury in Part I or Part I of Ilam 18.] 200. EXTERNAL CAUST WAS plnous PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) Month, Day, Year 2Dc. TIME OF INJURY (County) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 📈 Inquiry X and in my opinion 0 forwarded to L DIRECTO ated agent, g Natural causes X. Accident Suicide Homicide | Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL its designate SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT plnous Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spec fy) NATIONAL SUITLA 40 p REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE YS. A15ME Circling & Street



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY Mary land b. COUNTY Montgomary MARYLAND b. CITY OR TOWN lift outside comprete limits E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) 3ince 1952 wheaton NAME OF HOSP TAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Valleywood XMEXICOMOCINESPOR YES NO X 3. NAME OF M ddlm DECEASED (Type or print) DEATH and co AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? or foreign country) done during most of working life, even if relired) Retired 13. FATHER'S NAME Helena Marbel 15. WAS DECEASED EVER NU.S. ARMED FORCES? 11510 Maple view (Yes, no, or unknown) | (If yes give war or dates of service NO IB. CAUSE OF DEATH [finler only one cause per the for INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO trteriosclerosis. Conditions, if any, which geve rise to immediate couse DUE TO (a), slating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. Enter neture of plury in Pert I or Pert II of Item IB.] (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sieta) fectory, street, office bldg., etc.) While Not While at work et work 1. 8......1961., and that death occured at 5.45 M. Mom the causes and on the date stated above. saw the deceased alive on...... 22a. SIGNATURE ATTENDING. SIGNED 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23e. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Silverappy ing, Maryland 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Rurial 24 UNERA DIRECTOR'S SONATURE AREA Silver ADDISTING Maryl Warner E. Pumphrey, Inc. 8434 Georgia Avenue VR A15 (4) DA AUG 1 4 '61 15M 9/60 arthur & House



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution; Rasidance before admiss on) a. COUNTY b. COUNTY Montgomery Marvland Mont. MARYLAND b. CITY OR TOWN (if outs de corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporata I mits, write RLRAL and give nearast town) write RURAL and give nearest lown) Wheaton 2 months Bethesda d. NAME OF HOSP TAL OR INSTITUTION (Lind In hospita, give street address) Wheaton Nursing Home W. IS RESIDENCE d STREET AUDKLOS ON A FARM? YES NO TE Bradley Blvd. 11901 Georgia Ave. S.S. 3. NAME OF DATE Midd.a Month Year paper n 72 l DECEASED Nell Wilson (Type or print) N. DEATH 8 10 19 61 6. COLOR OR RACE TO MARRIED NEVER MARRIED 9. ATE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. carbon 8 DATE OF BIRTH rtbday) Months White Sept 16. WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign ounity) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Chattanooga, Tenn. U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles T. Neal Emma Bepue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Edgemoor La (Yas, no, or unkown) (ffyesgivawarordelesofservice) Thomas Wilson-son-None Bethesda, Maryland INTERVAL RETWEEN AUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY: weekes IMMEDIATE CAUSE (a) **DUE TO** Conditions at any, which (b) been gava rise to immediate cause DUE TO (a), stating the underlying OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19 WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH Affer th 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, ' 2Df. (City or fown) (Stata) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Not Whila Hour a.m. at work at work ECTOR: 21. I certify that (I) (this hospital) attended the deceased from 7 - 7 2- 10 - 1961, that (I) (we) last T saw the deceased alive on M STO 22a, SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR CO PHYS. page with 1 22d. ADDRESS 22c. PHYS C AN'S FUNER. NAME (Type) Charles Simpsinville, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Mt. Olivet Cemetery Frederick. Maryl 0 Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland DATE AUG 1 4 '61 15M 9/60 arthur & Thrace



funeral director, ould be filed with

I

may be retained the haspital or attending physician.

TO FUNERAL MICHETOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-timesit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after deatherm.

ENDING PHYSICIAN: The low requires that the death ce

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND LECTIFICATE OF DEATH

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Contra & Known

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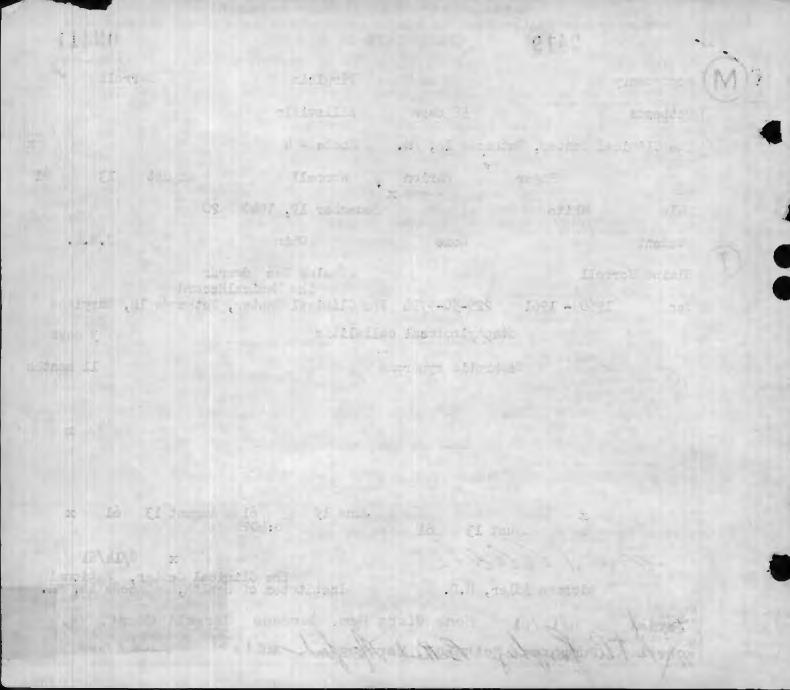
1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
a. COUNTY Montgomery MARYLAND	o STATE Maryland b. COUNTY Prince George's
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Springs, Md 10 Days	College Park, Md.
d. NAME OF HOSPITAL (If not in hospital give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
Alethia Nursing Home	7006 Wake Forest Drive YES NO N
3 NAME OF First Middle	Lost OF Angelet 10
(Type or print) Nellie Latimer	Wilson OF August 12, 19 61-
Methales Methales	B DATE OF BIRTH Aug 12, 1875 9 AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS) 80 birthdoy) Months Doys Hours Min
female white WIDOWED DIVORCED	Aug 12, 1875 86 birthdoy) Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING MOST OF WORKING Life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Ohio USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W Latimer	Eleanor Sheffield
	NFORMANT Address
(Yes, no or unknown) (If yes, give war or dates of service) none Mr	s Ralph Hodgson College Park, Md.
IR CAUSE OF DEATH [Enter only one cruffer per line for (a) -(b) and (c) V	T 1 INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	estent fear facture ONSET AND DEATH
IMMEDIATE CAUSE (0)	
DUE TO HIROLO 1	Chike Cardia
Conditions, if any, which (b)	
couse (o), stating the under-	cu or Texacol
lying cause lost. (c)	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
CA	YES NO NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
1 - - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF INJURY (Home form, 20f (City or town) (County) (State) ctory, street, office bldg., etc.)
Hour a. m. White Not white factors	Pory, street, office oldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram.	10450 10 6 CELLEY 100/ 400 100 100
13002 101	
220. SIGNATURE	death accurred atM, from the causes and on the date stated above
1 4 4 Teluve	M D ATTENDING MED STAFF
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Co, La) La / 16,10/02	4.13 18 cm - 11 - 2 - 17 / 18
236 BUR AL, CREMATION 236, DATE THEREOF 23c NAME OF CEMETERY O	
Burral (Specify) Aug 15, 1961 Rose Hill	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATESSE 1 B '61
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



VR A15 (4) 15M 9/50

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9419 CERTIFICATE OF DEATH ()9411

	T T 49						2 3	
I. PLACE OF DEATH		1	2. USUAL RESIDEN	CE (Whare dace				admission)
Montgomery		MARYLAND	Virginia		b. COUNT	Carrol	1 "	
b. CITY OR TOWN (if outside of	corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora				wn)
write RURAL and give neer Bethesda	est town)	55 days	Hillsville					
d. NAME OF HOSPITAL OR IN	STITUTION (if not in hos		d. STREET ADDRESS			7.		RESIDENCE
The Clinical Ce	nter. Bethe	sda 11. Md.	Route # h		8	3×=		A FARM?
3. NAME OF	First	Middle	Last	4. DATE	Month	D	ey Yes	
DECEASED (Typa or print)	Roger	Marion	Worrell	OF DEATH	Augus	st 1	3 19	61
5. SEX 6. COLO		ED NEVER MARRIED B	DATE OF BIRTH	9.	AGE (In years		R IF UNDE	R 24 HRS.
	ite WIDOWE		ecember 19,		last birthday)	Months Day	s Hours	Min.
10a. USUAL OCCUPATION (Giva	kind of work 10b. K	CIND OF BUSINESS OR INDUSTR				12. CITIZEN	OF WHAT	COUNTRY
dona during most of working life,	aven if retired)	None	Ohio			TT	.S.A.	
Student 13. FATHER'S NAME	1	Notie	14. MOTHER'S MAIDEN	NAME			*() */% *	
		(M) (M)	_		1_			
Blaine Worrell 15. WAS DECEASED EVER IN U.S.	ADMID CONCESS 110	CONTACTORINA NO 1 47 3	Thelma De					
[Yes, no, or unkown) (Ifyesgivew	arordatas of service)		NFORMANTThe M			-1 -1		
			e Clinical Co	enter, H	Bethesda	1 14, M		
18. CAUSE OF DEATH (F							INTERVAL BE	
PART I. DEATH WAS CA	E CAUSE (a) STAP	hylococeal cell	LULITIS				3 day	8
XIV	DUE TO	No dia						
Conditions, if any, which	Nephr	otic syndrome					ll mo	nths
gava rise to immediate cause (a), stating the underlying	DUE TO							
causa last.) (c)							
PART II. OTHER SIGNIFIC	ANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CO	NOTION GIVE	N IN PART 1(a	1 19. WAS	AUTOPSY
ATIO							YES TO	NO TH
20a, ACCIDENT WAS UNDER		SCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II o	f itam 18.)			
PART II. OTHER SIGNIFIC 20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL	EXAMINER)							
20c. TIME OF INJURY Mo	onth, Day, Year 20d. While		CE OF INJURY (Home, farm ory, street, office bldg., atc.		r town)	(County)		(State)
D.W.	19 at wo			i				
21. I certify that OK (this hospital) atten	ided the deceased from	June 19	19.61, to.A	lugust	13., 1961	, that (4)	(we) last
saw the deceased alive	on August	.13 19 61, and that	death occured at 6	: 40PMom	the causes a	and on the	date state	d above
228. SIGNATURE	- //-	211						b. DATE
Ffre	0,6/10	Ell w		MED. DIRECTOR	STAFF PHYS.	8/14	/61	SIGNED
22e. PHYSICIAN'S			22d. ADDRESS Th	e Clinic	cal Cent	ter. N	ationa	1
NAME (Type) Ric	hard Adler,	M.D.	Institute					
23a. BURIAL, CREMATION, 236	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, low	n or county)	{	State)
REMOVAL (Specify)	/14/61	Mona Vista	Mem. Garde	ns Ca	rroll	Count	, Va.	
24 FUNERAL BIRECTOR'S SIGNA		ABORESS, C	1 750, REC	C'D BY REGISTR	AR 25b, REG	ISTRAR'S SIG	NATURE	-
Robert A / Pur	phrexUL Be	thesda. Mark		UG 1 8 '61		rilua L. 1		
1	The state of	1 July 1	DAIL					-



A SEMINIMENT OF HEALY

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH

		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
-		Montgomery MARYLAND	Maryland b. county Montgomery
٨		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
		Olney 41 days	Derwood
8		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS ON A FARM?
3	-	Montgomery General Hospital	RFD #1 YES □ NO ☑
		NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year OF
1		(Type or print) Ruth Felicia	Zebuhr DEATH August 26 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1		Female White WIDOWED DIVORCED	Feb. 6, 1927 34 yrs. Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST na during most of working life, even if reliped)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	1	House Wife	Maryland U.S.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
			N 12 - 12 - 12
	15.	Harry Tyson Bussard WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary Catherine Lawson
	{Ye	s, no, or unkown) (Ifyesgive war or deles of service)	
	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Medical Records
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	Munoma (o energy d)
		10 min of the	I at: 1 Dismiss
		M4 27 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
		Conditions, if eny, which \ (b) Melevare 9	Menas grang man prophesions
		Conditions, if eny, which gave rise to immediate course	Melanoma (Generalized) lungs, Forang and byrophisoils
		Conditions, if eny, which gave rise to immediate couse (a), steling the underlying ceuse last.	breats.
	Z	(a), stetling the underlying	or related to the terminal disease condition given in part 160 19. Was autopsy
	ATION	(a), steting the underlying course last.	of related to the terminal disease condition given in part 1(a) 19. WAS AUTOPSY PERFORMED?
	HCATION	(a), stelling the underlying (c) (a) both PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
	CERTIFICATION	(a), stelling the underlying (c) (a) both PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	of related to the terminal disease condition given in part 1(a) 19. WAS AUTOPSY PERFORMED?
	1 - 1	(a), stelling the underlying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20e. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. P.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)
	1 - 1	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter neture of injury in Part I or Part II of Item 18.)
	MEDICAL CERTIFICATION	Ce) Selfing the underlying Ce) Ce)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO - O. (Enter neture of injury in Pert I or Pert II of Item 18.) ACE OF INJURY (Home, ferm, 20f. (City or Iown) (County) (Stete)
	1 - 1	Cell Course Color	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter neture of injury in Pert I or Pert II of item 18.) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) clory, street, office bldg., etc.)
	1 - 1	Ce) Selling the underlying Ce) Ce)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO YES N
	1 - 1	Cell Course Color	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OT THE TERMINAL DISEASE CONDITION GIVEN GIV
	1 - 1	Ce) Selfing the underlying Ce) Ce Ce Ce Ce Ce Ce C	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter neture of injury in Pert I or Pert II of Item 1B.) ACE OF INJURY (Home, ferm, 20f. (City or Iown) (County) (Stele) Charge II, 1960 to Charge II, 1961, that (I) (we) last death occurred and IIM, from the causes and on the date stated above the death occurred and IMM, from the causes and on the date stated above III of Item 1B.) ATTENDING MED. STAFF OIRECTOR PHYS. Aug. 2.6.
	1 - 1	Course last. Colored	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO OT THE TERMINAL DISEASE CONDITION GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN
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	MEDICAL	Ce) Selving the underlying Ce) Ce Ce Ce Ce Ce Ce C	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter neture of injury in Pert I or Pert II of item 18.) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) clory, street, office bldg., etc.) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) clory, street, office bldg., etc.) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete)
	MEDICAL	200. ACCIDENT WAS UNDERLYING	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO OF PERFORMED. YES NO
	WEDICAL TOTAL	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED to work of work	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter neture of injury in Pert I or Pert II of item 18.) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) clory, street, office bldg., etc.) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) clory, street, office bldg., etc.) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete)
	WEDICAL TOTAL	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year White Not White Hour e.m.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO OF PARTY OF PARTY OF PHYS. OF PHYS

Melignant Wilanoma (Country)
Witesters to lung Forang and Symphisology
and both briests.